Evaluation of Substance Abuse Prevention And Treatment Block Grant Street Outreach Programs for Injection Drug Users

Department of Health and Family Services
Office of Strategic Finance
Program Evaluation and Audit Section

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Executive Summary

It is estimated that there are over 5,000 injection drug users (IDUs) needing treatment in Wisconsin, but that less than a quarter of these persons will seek treatment.[1] Heroin and other opiates account for the largest percentage of all substance abuse treatment admissions for injection drug abuse nationally. Other commonly reported injection drugs are methamphetamine/amphetamine and cocaine.[2] Methamphetamine, a drug that is injected as well as used via other forms of administration, has become an increasing problem nationally and in Wisconsin. National data on injection drug users shows a high incidence of minorities, a high incidence of criminal histories (81%), frequent drug use (half report injecting daily), and high rates of a number of diseases including AIDS, hepatitis, and tuberculosis.[3]

Injection drug users are a difficult population to locate and serve. Department programs for injection drug users are provided through the Division of Public Health and through the Division of Disability and Elder Services (DDES). Division of Public Health programs focus on prevention, supporting a number of programs to prevent IDU and the related public health risks of spreading blood-borne diseases such as HIV and hepatitis. DDES street outreach programs provide substance abuse treatment for IDUs. These programs also fund outreach services to encourage injection drug users to seek substance abuse treatment and to avoid risky behaviors associated with the spread of blood-borne infections such as HIV and hepatitis.

This evaluation focuses on the street outreach programs for injection drug users administered by the Division of Disability and Elder Services and funded with federal Substance Abuse Prevention and Treatment (SAPT) block grant funding. Objectives for DDES street outreach programs for injection drug users are:

Outreach Objectives[4]

1. To increase access through direct referral to substance abuse treatment for those IDUs not currently involved in the treatment system.
2. To reduce the number of persons acquiring HIV disease as a result of needle sharing behaviors.
3. To strengthen and/or establish linkages between local public health agencies, AIDS Service Organizations, Human Services Boards, social service agencies and treatment programs in order to improve services to reduce risk of HIV disease among IDUs.

[1] Wisconsin federal SAPT block grant application for 2004.
[2] Office of Applied Studies, Substance Abuse and Mental Health Services Administration, the DASIS Report, June 21, 2002. "Treatment Admissions for Injection Drug Abuse." Data reported is for 1999.
[3] National Institute on Drug Abuse AIDS Demonstration Research Program data supplied by DHFS DDES staff.
[4] Wisconsin federal SAPT block grant application for 2004.

Substance Abuse Treatment Objectives[5]

1. To reduce the numbers of injection drug users (IDUs) needing treatment thus reducing exposure to HIV through needle-sharing and sexual activity.
2. To increase the awareness of AIDS through outreach educational activities on its transmission for those injection drug users currently not in treatment.
3. To determine the capacity of available programs to meet the treatment needs of injection drug users
4. To educate drug abuse counselors and health care providers to provide treatment for injection drug users.

DDES street outreach programs targeting injection drug users (IDUs) have operated in Wisconsin since 1989. The number of programs is limited; just 10 counties currently operate programs. All 10 counties receive funds to support outreach to injection drug users. Eight of the 10 counties also receive SAPT block grant funding to support substance abuse treatment for IDUs. These 10 counties also receive $5.5 million in other SAPT block grant funds as part of the Community Aids categorical funding for substance abuse services that is distributed to all counties.

County	SAPT IDU Outreach	SAPT IDU Treatment	Total	Other SAPT Funds
Brown	$50,000	$50,000	$100,000	$365,279
Dane	$50,000	$553,600	$603,600	$650,692
Eau Claire	$30,000	$0	$30,000	$189,338
Kenosha	$55,000	$100,000	$155,000	$326,821
La Crosse	$55,000	$0	$55,000	$204,793
Milwaukee	$310,000	$610,000	$920,000	$2,431,021
Racine	$55,000	$90,000	$145,000	$500,171
Rock	$50,000	$135,000	$185,000	$343,850
Walworth	$45,000	$80,000	$125,000	$118,911
Waukesha	$50,000	$40,000	$90,000	$421,473
Total	$750,000	$1,658,600	$2,408,600	$5,552,349

Recent reductions in the federal SAPT block grant have resulted in a need to re-examine the allocation of SAPT block grant funds. Methods used to allocate SAPT block grant funding to counties for programs for IDUs have not changed since the early 1990s, suggesting a need to determine if they are still appropriate. Also little information was available on the effectiveness of the programs, especially their impact on reducing substance abuse and the risks for HIV and other infectious diseases. Thus the Secretary of the Department asked the Office of Strategic Finance, Program Evaluation and Audit Section to review the street outreach programs for IDUs. We were asked to provide information on the effectiveness of the programs, the appropriateness of the methods being used to allocate funds to counties, and the need for this special allocation to the 10 counties.

To respond to this request, we surveyed the 10 counties operating programs, obtained updated information on services and outcomes for clients from the Department's human services

[5] 1997 Application Instructions, Injection Drug Abuse Treatment (IDU)

reporting system (HSRS), reviewed program reports and related documents, and visited a small number of programs. We also met with staff from the Division of Public Health HIV/AIDS unit to discuss these programs' roles in relationship to other Department efforts to prevent the spread of HIV and other infectious diseases.

The eight counties receiving IDU funding for substance abuse treatment reported providing treatment services to an average of 403 persons per year over the 3-year period 2001-2003. The state's other counties and tribes also report providing treatment services to an average of 411 persons addicted to IV drugs per year in this same period of time, although they did not receive a special IDU allocation. These counties funded treatment services to IDUs with other SAPT block grant funds provided by the Department, local levy funds, or other funds made available for substance abuse services.

In our review, we assessed whether or not continued funding levels and allocations are appropriate, or whether funding changes might be warranted. There might be interest in reconsidering funding levels for the program as a whole, or for one or more of the counties, if current allocation criteria are not consistent with needs and program demands, IDU treatment programs are not effective, programs are not productive and efficient, or other treatment priorities are emerging.

In short, our review confirmed that IDU treatment programs appear to be reasonably effective. However, fund allocation criteria and data on program efficiency and service levels suggest there may be reasons for making some funding changes.

Current Allocation Approach

DDES reports that street outreach project funds currently are allocated to counties based on two sources of information: (1) annual data on the number of new AIDS cases per county, and (2) information on the number of IDUs from a federally-sponsored telephone survey that was conducted in Wisconsin in 1997. The federal survey is the most recent information available on the incidence of IDUs per county. However, the information is dated, limiting its usefulness in targeting the current IDU population. Also, because anyone with HIV can transmit the infection, the cumulative number of HIV cases per county is a better indicator of public health risk than the number of new AIDS cases per county.

To assess the appropriateness of the methods currently being used to allocate funding, we reviewed information on the cumulative number of HIV cases in all Wisconsin counties. While noting its limitations, we also reviewed information on the incidence of IDUs from the 1997 telephone survey. The information we obtained suggests that the current allocation method could be modified to better target the highest risk counties.

Most of the 10 counties currently receiving funds for street outreach projects have the highest number of IDUs and of HIV cases. However, there are some counties that do not receive these funds that have equivalent or higher numbers of IDUs and of HIV cases. We also reviewed information on the percentage of HIV cases that were related to IDUs. This also showed that the 10 counties were not always the counties with the highest incidence of IDU-related HIV cases.

Program Effectiveness

We obtained information on the effectiveness of the street outreach projects from verified HSRS reports on clients who received substance abuse treatment in the 10 project counties, from project county staff responses to a survey conducted for this evaluation, and from statistical data on outreach activities reported by some of the project counties. We looked at the effectiveness of outreach services and at the effectiveness of substance abuse treatment for IDUs.

Outreach Services

Our ability to assess the effectiveness of the SAPT block grant IDU allocation programs' outreach services was limited by a lack of information. Several of the counties had not reported any data on contacts and referrals since the inception of this program. Only 4 of the 10 counties receiving funds for outreach provide the standard information requested by the state. Overall, the information we obtained from these reports, from other information submitted by some of the other counties, and from county responses to the survey conducted for this evaluation illustrated the difficulties associated with providing outreach and substance abuse treatment services to injection drug users. Relatively few of the persons contacted by outreach workers were injection drug users, and outreach workers referred few of the persons they contacted to substance abuse treatment, HIV or other testing. But when referrals do occur, the limited information supplied by the four project counties where outreach and AODA staff worked for the same agency suggests that they may be somewhat successful in encouraging persons to seek needed services.

- Although projects were generally successful in contacting minority persons, consistent with their higher incidence of IDU, and several of the programs reported that they based their outreach services on models or evidence based approaches,[6] the percent of persons outreach workers contacted that were currently using injection drugs ranged from less than 5% to just over half of the persons contacted per project.

- In all but one of the 10 counties, less than 5% of persons contacted by outreach workers were referred to substance abuse treatment in 2002 and 2003. The percentage of persons referred for HIV testing ranged from less than 2% to 27% per county in 2002 and 2003.

- Because of confidentiality issues, the projects were generally unable to be certain if the persons they referred to substance abuse treatment, HIV testing or counseling or other services actually sought those services. This information was generally only available in the 4 project counties where the outreach staff and the AODA treatment staff worked for the same agency. In these counties, the percent of persons referred for HIV testing that were tested ranged from 45 to 82% and the percent referred for HCV testing that were tested ranged from 43 to 74% in 2002 and 2003.

In addition to encouraging IDUs to seek substance abuse treatment and testing for HIV or other infectious diseases, outreach serves a public health education role that can result in a reduction of behaviors that increase the risk of HIV and other infectious diseases among persons who are contacted but do not seek testing or treatment. We were not able to assess the effectiveness of the SAPT IDU funded outreach in achieving these public health education outcomes.

[6] Four of the 10 projects reported that their outreach activities are not formally based on a particular model or evidence-based approach. The other 6 counties identified various models or approaches that provided the basis for their activities.

Substance Abuse Treatment

Our ability to evaluate the effectiveness of the SAPT block grant IDU allocation-funded substance abuse treatment was also limited because the Department's human services reporting system (HSRS) does not have a code to identify IDUs served through the street outreach projects. Thus we were only able to obtain outcome information for all IDUs served in the project counties.[7] This information was compared to outcome information from other Wisconsin counties and, where possible, to national benchmarks. The primary measures of program success were rates at which persons completed treatment, average days in treatment, re-admission rates, abstinence at the time of discharge, reduced drug use among those not abstinent, and employment at the time of discharge. We observed that:

- In instances where national data were available, the 8 counties receiving SAPT block grant IDU substance abuse treatment funding showed performance on par with national indicators.

- National data for employment at discharge was not available, but in the 8 counties receiving SAPT block grant IDU substance abuse treatment funds, employment at the time of discharge was 56 percent, which is an improvement from 33 percent at the time of admission. Non-project counties also showed comparable gains in employment.

- Overall, the substance abuse services offered to injection drug users in the 8 counties that receive these funds appear to be as effective as services offered by counties that do not receive these funds. This is consistent with the fact that these 8 counties do not operate separate programs for IDUs, but instead IDUs are included in the county's substance abuse treatment programs.

Project staff perceptions of street outreach project substance abuse treatment effectiveness are mixed. Five of the eight counties receiving SAPT block grant funding for IDU treatment said they were achieving their treatment goals well, one county was not sure, and the remaining two said that they were not achieving their treatment goals well. Seven of the eight counties receiving SAPT block grant funding for IDU treatment said their programs were not based on any model program or evidence-based practices. Five of these seven counties noted that they delegated actual delivery of treatment services to local provider agencies that employ different treatment approaches. We also received feedback from a federal official at the Substance Abuse and Mental Health Services Administration (SAMHSA) stating that it is hard to identify "Best Practices" models for IDU treatment programs.[8] He noted that rather than treating a certain facet of drug-taking behavior (IV injection) as if it were an overridingly important treatment consideration, traditional forms of treatment may be appropriate for these individuals.

Program Service Levels and Efficiency

With the eight counties serving an average of 403 IDUs per year and typically spending the entire $1.6 million in funding to treat IDUs, the average spent per client served was $4,116. However, this amount varied considerably, with four counties spending $2,850 or less per client,

[7] There is a code in HSRS to identify persons referred by "IV Drug Outreach Workers" but the project counties rarely use this code. The code also is used by non-project counties, so it does not specifically identify clients referred to treatment by IV Street Outreach workers funded by the SAPT block grant allocation for IDU outreach.

[8] SAMSHA is an agency in the federal Department of Health and Human Services. It is the lead agency for improving the quality and availability of substance abuse prevention, addiction treatment and mental health services.

while the other four counties reported spending $5,600 or more, including Kenosha that spent on average $20,000 per client and Rock that spent $16,875 per client.

We found that some of the eight counties receiving SAPT block grant funding for substance abuse treatment for IDUs served small numbers of IDU clients. Although project counties do not serve large numbers of clients, the percent of identified IDUs served in project counties in general was estimated to be greater than the percentage served in other Wisconsin counties, suggesting that these funds make it possible at least in some counties to provide substance abuse services for IDUs that might not otherwise receive these services. However, the percentage of the estimated IDUs in project counties served also varied widely. We estimate Kenosha, Rock, and Racine counties served about 1%, 1.2%, and 2% respectively of the estimated IDUs in their counties. This is not materially different than the 1.7% of IDUs served in counties that did not receive the SAPT block grant substance abuse treatment allocation for IDUs.

Considerations for Future Allocations

Due to the fact that client outcomes were not significantly different in program versus non program counties, that funding is not consistently targeted to the counties with the highest IV use or the highest incidence of IDU-related HIV cases, and that funding may not be needed to ensure that substance abuse treatment services are provided to IDUs, the Department may wish to assess whether there is a more effective use of these AODA funding resources consistent with priority needs in the AODA area. Evaluating potential alternative uses of the $2.4 million currently allocated for IDUs was outside the scope of this study.

Although only limited information was available, it appears that few of the persons contacted by SAPT block grant IDU outreach-funded outreach workers were referred to treatment. This suggests that eliminating the separate outreach allocation might not have much impact on the number of IDUs receiving substance abuse treatment. The six counties that do not provide outreach services through the AIDS Service Organizations would be most likely to see an impact if the separate outreach allocation was eliminated. The four program counties that do contract with AIDS Service Organizations to provide outreach services also provide outreach services to IDUs supported by funds provided through the Division of Public Health, and it is likely that they would continue to serve the same population if the separate SAPT IDU outreach allocation was eliminated.

It does not appear that a separate SAPT allocation for IDU substance abuse treatment is needed to ensure that substance abuse treatment services are provided to IDUs. Counties receiving the SAPT block grant IDU treatment allocation do not operate special substance abuse treatment programs for IDUs, and counties that do not receive the SAPT block grant IDU allocation nevertheless serve IDUs. Counties that receive the SAPT block grant IDU treatment allocation tend to serve higher proportions of the estimated IDUs in their counties compared to the counties that do not receive these funds; however, this difference does not appear to be significant in all program counties.

Recommendations for Program Improvement

Our evaluation also identified some areas for program improvement that can be addressed if the separate SAPT block grant allocations for IDU treatment and outreach are continued.

HIV Prevention
One of the primary goals of the street outreach projects is to prevent HIV and other infectious diseases such as hepatitis and TB. The DPH also provides services to contact and provide appropriate testing to persons at risk of these diseases due to injection drug use. In the process of conducting this evaluation, a number of suggestions for optimizing the coordination between DPH and DDES regarding services to injection drug users were identified. These recommendations include: 1) efforts to expand HIV testing in locations such as drug treatment facilities, short-stay correctional facilities and other venues, 2) expanding existing collaboration for training and technical assistance, and 3) joint planning in counties where federal SAPT IDU outreach funds are not sub-contracted to local AIDS Service organizations or Community Based Organizations.

Project Monitoring and Technical Assistance
If these projects continue to operate under a separate allocation, increased attention should be devoted to monitoring the projects and to collecting information on their impact. Increased efforts to provide program guidance to counties including providing updated information on best practices for outreach and substance abuse treatment strategies is recommended. This may be accomplished by providing a forum for program staff to exchange information on strategies they have found effective in their programs. Program County Contract Addendum and application attachment material should also be updated. Training should be ongoing in order to reach new staff and to provide current information.

Program Objectives
Objectives for outreach services were included in the state's federal SAPT block grant application for 2004, but objectives for the IDU substance abuse treatment have not been updated since 1997. Program staff had suggestions for improving the objectives for the program, and it is recommended that an effort be made to update the objectives for these two program components.

Reporting
It is recommended that reporting instructions for the current "Street Outreach" referral code in HSRS be improved to specify that it should only be used for clients referred by street outreach workers funded by the SAPT IDU allocation. All counties receiving the SAPT IDU allocation should be required to submit standard information on outreach contacts and the results of these contacts.

Program Efficiency
Some of the counties had unusually high per client treatment costs and length (days) of treatment. These statistics can be routinely obtained from HSRS and used to review individual county street outreach program policies and operations in the future.

Plan of Action

This evaluation was used to develop alternatives for allocating SAPT block grant funds to address IV drug abuse. Under this plan, the Department will no longer set specific amounts for outreach and treatment; however, each county will provide the contract amounts for outreach and treatment to the State for CY 2006. It is expected that at least one individual will be served for every $3,000-$5,000 in funds received under the SAPT block grant IDU allocation. As a condition of funding, counties will also need to meet specified benchmarks for contract

performance. Benchmarks for performance will be developed to provide counties with realistic growth oriented performance targets. DDES and other Department staff will also be identifying key indicators of need in the area of substance abuse treatment and develop a proposal for 2007 county funding allocations, including the use of IDU treatment resources.

The Division of Disability and Elder Services also developed a program improvement plan for county programs receiving SAPT block grant funds for IDU. This plan includes:

- Working with counties to ensure that reporting systems currently in place continue to report when they reach 90% capacity and are getting people into treatment within the prescribed time frames. In 2006, all IVDU contracts and in 2007 all State/County contracts will contain language regarding reporting wait list levels and assuring priority for treatment of IVDU clients. (Subsequent to the preparation of this evaluation DDES learned that several counties have reported waitlists for IVDU.)
- Site visits to improve reporting of the services provided to IVDU abusers and review of expenditures claimed under IVDU to ensure they are in compliance with the SABG guidelines. It is expected that counties not already reporting all client data will increase the reporting for all individuals served with IDU funds.
- Further technical assistance to county staff in the area of service delivery as Evidence Based Practices are identified and available for implementation. It is expected that counties will implement Evidence-Based Practices as appropriate for the population served.
- An emphasis on outcomes to meet the SABG requirements. It is expected that counties that do not already show significant outcomes will increase their outcomes for clients served and compliance with the National Outcome Measures (NOMS) for substance abuse services will be included in future state/county contracts.

Acknowledgements

A number of individuals provided information and assistance for this report. Mike Quirke from the Division of Disability and Elder Services, Bureau of Mental Health and Substance Abuse Services reviewed and summarized data on client outcomes from county HSRS reports and worked with individual counties to verify this information. He also provided background information on the IDU programs. Greg Levenick and Deb Powers, the contract manager for street outreach IDU programs, provided information related to program policy and helped us to access documents related to the program. Lillian Radivojevich developed a detailed summary of all AODA funding in the state, identifying funds allocated to individual counties from the federal Substance Abuse Treatment and Prevention block grant as well as other sources. County staff provided considerable information about current program operations in their responses to the survey that was conducted for the purposes of this evaluation. Division of Public Health, Communicable Diseases Bureau, AIDS/HIV section staff summarized information and met with us to provide information about DPH-supported services for injection drug users.

Introduction

This report provides summary information on outreach and substance abuse treatment programs for injection drug users (IDUs) operated by the 10 counties that receive federal Substance Abuse Treatment and Prevention (SAPT) block grant funds for IDUs. Topics addressed in this report include:

- the appropriateness of the methods currently being used to allocate funding for outreach and treatment services to counties,
- the significance of the SAPT IDU allocation in comparison to other AODA funding provided to counties,
- the extent to which the programs fulfill requirements set forth in the state and county contract and the state's responsibilities under the federal Substance Abuse Prevention and Treatment (SAPT) block grant,
- the effectiveness of the IDU program outreach and treatment services, and
- the relationship of the SAPT IDU allocation funded programs to other programs for IDUs operated by the Division of Public Health.

The report has been prepared at the request of the Department Secretary to assist in making future decisions about use of Substance Abuse Prevention and Treatment (SAPT) block grant funding for IDU. Information used in preparing the report was taken from a number of sources:

- Program counties were asked to reply to a brief questionnaire that was developed for the purpose of the report. A copy of the questionnaire used to obtain additional information from counties receiving IDU funds appears in the appendix to this report.
- HSRS (Human Services Reporting System) reports from the program counties for the 3-year period 2001-2003 were also summarized and sent to the counties. Counties were asked to verify the accuracy of this information or to provide updated information. A copy of the correspondence to counties appears in the appendix to this report.
- Key program documents such as the state and county contract addendum for intravenous drug abuse (IVDA) treatment allocations and individual program reports were reviewed.[9] If county staff had a written description of their IV drug outreach/treatment program that was prepared for some other purpose, such as an annual report or a presentation to their county board, they were encouraged to send us a copy of that or any other relevant supporting materials. We also stressed the fact that we would be very interested in seeing a summary or description of any recent evaluation studies of IV drug services that their county may have conducted.
- In-person interviews were conducted with program and county staff in Dane, Milwaukee and Waukesha counties.
- We met with program staff in the Division of Disability and Elder Services' (DDES) Bureau of Mental Health and Substance Abuse Services which is responsible for administering the SAPT block grant IDU allocation. We also met with Department staff

[9] Throughout this report, the term injection drug use (IDU) is used whenever possible. However two other terms--intravenous drug abuse (IVDA) and intravenous drug use (IVDU)-- are also used as they appear in state or federal sources cited. These three terms should be viewed as interchangeable for the purposes of this report.

from the Division of Public Health to gain information about the relationship of this program to HIV/AIDS prevention efforts in the state.

Background Information on Injection Drug Use

The following profile of injection drug users provides perspective on the challenges associated with providing outreach and substance abuse services to this population. The section which follows provides information on the public health issues related to injection drug use.

Characteristics of Injection Drug Users

The National Institute on Drug Abuse's AIDS Demonstration Research Program provides the most comprehensive profile of active drug injectors not in treatment. The data are taken from entrants at a variety of treatment sites and jails.

Just over half of injection drug users (51%) are African Americans, 25 percent are Hispanic, and 22 percent are Caucasian. The percentage of females is 26 percent. The average age is 36. The percentage of high school graduates is 45 percent. The percentage that is employed is just 45 percent. The primary drugs injected are heroin (28 percent), cocaine (21 percent) and heroin-cocaine in combination (35 percent).

Eighty-one (81) percent of injection drug users have criminal histories, particularly property crime such as burglary and theft. Intravenous heroin injection - a key measure of significant involvement in the street addict subculture - increases the degree of involvement in property crime, especially for males. However, incarcerated females now have higher rates of drug use than do male inmates.

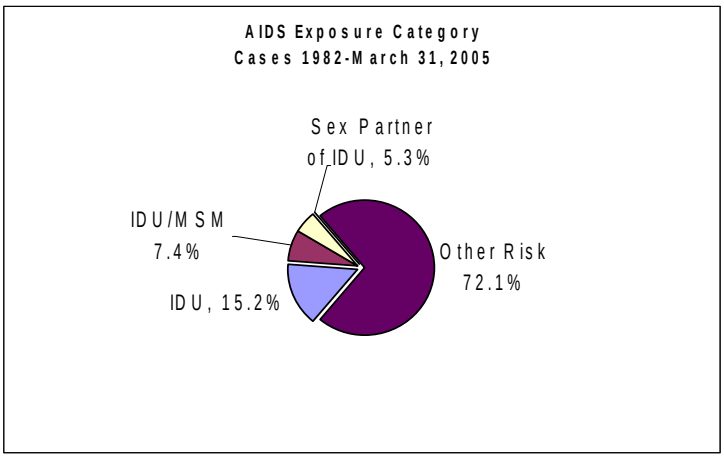
Half report injecting daily. This population is at high risk for HIV and other blood-borne infection because over 80 percent of injection drug users share at least some of the apparatus, substances, and solutions used to prepare and administer drugs. Reuse of needles is reported by 68 percent and 41 percent report using a needle that was previously used by someone else. Injection drug users have higher rates of pneumonia, septicemia, sexually transmitted disease, and kidney conditions. Almost half of patients in injection drug use treatment programs have positive tuberculin skin tests. Hepatitis C infection rates average over 40 percent for this population. Nearly 30 percent of reported AIDS cases are injection drug users.

Addiction experts often call the injection drug user population elusive. Injection drug users live in a subculture that avoids and resists the customary approaches to health care and addiction treatment. Injection drug users mistrust the medical establishment and fear legal reprisal if they seek care. They lead unstable and chaotic lives making it unlikely that they will keep a scheduled health appointment. For this reason, health care professionals often view the injection drug user as an undesirable patient. There are other barriers to care including higher rates of unemployment, poverty, lack of health insurance, homelessness, and lack of phones and transportation. Forty-one percent of injection drug users have not previously been through an addiction treatment program even though their average length of injecting drugs is fourteen years. In addition to breaking the strongest of addictions, "getting clean" means breaking

equally strong ties with long-time social networks that have been an important part of the addict's life - people with whom they have shared the necessities of life. [10]

Public Health Issues Related to Injection Drug Use

Injection drug use represents an important component of the HIV epidemic in Wisconsin. During 2000-2004, 14% of newly reported cases of HIV occurred among heterosexual female and male IDUs and another 7% occurred among men who have sex with men (MSM) who also were injection drug users.[11] Since 2000, the percentage of new HIV cases among persons who inject drugs has been relatively stable, ranging from 18.5% in 2001 to 14.6% in 2004. The sex partners of persons who are injection drug users are also at risk for HIV. The Division of Public Health estimates that, in recent years, approximately 25%-30% of newly reported cases of HIV occurred among injection drug users and persons who contracted HIV from an IDU. The most recent quarterly surveillance summary for Wisconsin (cases reported through March 31, 2005) shows that injection drug use accounted for approximately 28% of the AIDS cases reported since 1982.



Women and HIV-Exposed Infants

A majority of women with HIV are either injection drug users or sex partners of IDUs. Since 1981, 401 infants have been born to HIV-infected women in Wisconsin, with more than half of these mothers having injection drug use or sex with injection drug users as a risk exposure.

Methamphetamine

Abuse of methamphetamine has become a concern nationally and in Wisconsin. It is highly addictive and its manufacture and use present a number of public health, social welfare, and environmental concerns. Methamphetamine is used in a variety of modes of administration, including injection. In some parts of the country, "crystal meth" has become a drug of widespread abuse among some groups of gay men, with 10% of gay men surveyed in a

[10] Background information in the characteristics of injection drug users was provided by staff from Division of Disability and Elder Services, Bureau of Mental Health and Substance Abuse Services.

[11] DHFS Division of Public Health "Wisconsin AIDS/HIV Surveillance Data Update, Cases and Deaths Reported through December 31, 2004" Figure 5. Estimated percentage of reported cases by risk exposure for HIV infection cases reported during three time periods, Wisconsin 2000-04.

recent study reporting recent use of the drug. Users of crystal meth report higher levels of HIV infection and higher rates of unprotected sex than do non-users.

Hepatitis C

Strategies to prevent infection of HIV through shared injection equipment are also important for prevention of hepatitis C. Nationally, an estimated 60% of hepatitis C infections occur through sharing of injection drug equipment. In Wisconsin, there were more than 19,000 cases of hepatitis C reported from 1999 through 2004, with 3,214 cases reported in 2004.

IDU-Related HIV Infection Trends

The incidence of newly infected HIV IDUs in Wisconsin is considerably less than the peak seen in the early 90s. This is consistent with the overall decline in HIV infections in Wisconsin since the 1990s. The decline in cases and the increase in the overall population in Wisconsin both contributed to a decline in the annual rate of reported HIV infections among IDUs. The annual rate of reported HIV infections among IDUs was 62% less in 2000-03 (0.8 per 100,000) compared to 1990-03 (2.1 cases per 100,000).

Increases that have occurred in HIV among IDUs have been in the category of Men Who Have Sex with Men and Inject Drugs (MSM/IDU). This also is consistent with statewide trends. Most of the growth in the HIV population has been in the MSM category.

The decline in HIV IDU cases in Wisconsin was consistent with national trends during this time. Nationally among the 25 states with HIV infection reporting, during 1994-2000, IDU-related HIV diagnoses declined among persons aged 13-19 years and 30-39 years by 17% and 68% respectively. For persons aged 20-29 and 40-49 years, diagnoses decreased 53% and 26% respectively during 1994 -1999 and leveled off during 1999-2000. (For persons age 50 or older, diagnoses were level during 1994-1999, although they increased slightly during 1999-2000.) Several factors were cited as related to this decline.

> Because the peak of infections occurred in the early 1990s, the decline during the late 1990s might reflect the natural decline in the epidemiologic curve following the peak in the epidemic, which often is observed after the onset of a disease in a population. The decline also might be attributable in part to advances in antiretroviral therapy since 1995. In addition, the HIV epidemic among IDUs is closely related to other risk behaviors such as having unprotected sex which frequently occurs in the context of illicit substance use. Changes in HIV prevalence among sex and needle-sharing partners or changes in risk behavior with such partners might lead to changes in the risk for new infections. (CDC, MMWR Weekly, Vol. 52 (27))

HIV Population Trends

HIV infection, which has been declining in Wisconsin for a decade, increased for 2 of the past 3 years (2002 and 2004). In 2004, the number of new cases reached the highest number in 7 years, although the number was still well below the peak in 1990.

New HIV Infections by Year of Report-Wisconsin

Year	Cases
1983	6
1984	24
1985	39
1986	152
1987	323
1988	417
1989	524
1990	**672**
1991	656
1992	683
1993	650
1994	514
1995	562
1996	426
1997	447
1998	381
1999	372
2000	389
2001	336
2002	**389**
2003	364
2004	**417**

Disparities

Racial and ethnic minorities represent only about 12% of Wisconsin's population, but between 2000 and 2004, 54% of all reported infections were among members of racial/ethnic minority groups. This disparity is even more pronounced among women; the average rate of reported cases between 2000 and 2004 for African American and Hispanic females was 35-fold and 14-fold greater respectively compared to white females. And in each case the rate exceeded the rate for white males. In the Milwaukee Metropolitan Statistical Area (MSA - the four county area making up the largest urban area in Wisconsin) 68% of all cases reported between 2000 and 2004 were reported among racial/ethnic minorities.[12]

[12] Source: "The Epidemic Of HIV Infection In Wisconsin: A Review Of Case Surveillance Data Collected Through 2004."

Program Requirements

Requirements for the IDU street outreach and treatment programs are set forth in the Appendix AF of the 2005 State and County Contract for Social Services and Community Programs. Because these programs are funded by the federal Substance Abuse Treatment and Prevention (SAPT) block grant, they also need to be consistent with the assurances the state provides in its application for federal Substance Abuse and Prevention and Treatment (SAPT) block grant. These SAPT and County Contract requirements are in addition to the basic requirements that Wisconsin AODA programs must meet per state administrative rule (HFS 75).

Federal Substance Abuse Prevention and Treatment Block Grant

The federal Substance Abuse Prevention and Treatment (SAPT) block grant is a significant source of funding for AODA services within the state. Wisconsin distributes a significant portion of its SAPT block grant funds to all counties as part of the Community Aids program categorical allocation for substance abuse prevention and treatment. Approximately 37% of the SAPT block grant was provided to counties through the Community Aids program categorical allocation for substance abuse prevention and treatment in federal fiscal year 2004. The remainder of the SAPT block grant funds is allocated for a number of programs funded through DHFS including the allocation for IDU outreach and substance abuse treatment. In 2005, the 10 IDU counties received $2,408,600 SAPT block grant funds for IDU outreach and substance abuse treatment IDU and an additional $5,552,349 other SAPT block grant funds through the Community Aids categorical allocation for substance abuse prevention and treatment services.

Federal guidelines for the SAPT block grant require that on a statewide basis at least 20% of the grant be spent on education and prevention activities and that 10% of the grant be used to expand substance abuse treatment services for pregnant women and women with dependent children. The 10 IDU programs are not among the programs identified to meet these requirements. However these programs are identified as meeting federal requirements to ensure capacity of treatment for intravenous substance abusers.

Wisconsin's federal block grant application for FFY 2004 and federal application instructions for FY 2005 were reviewed to identify requirements pertaining to the 10 IDU programs in the state. The SAPT block grant includes a requirement that services for IDU be based on an assessment of needs. Wisconsin's SAPTBG application indicated that in CY 2000 there were a total of 5,674 Intravenous Drug Users (IVDUs) needing treatment in the state and that just 1,192 (21%) would seek treatment. Federal guidelines also require that outreach services be provided for IDUs and that treatment programs for intravenous drug abuse supported by SAPT block grant funds meet specified standards for service delivery. (Programs are required to admit individuals into treatment within 14 days after making such a request or 120 days of such a request, if interim services are made available within 48 hours.) Another important requirement of the SAPT block grant is a prohibition against using federal funds to provide needle exchange. Amore detailed discussion of the block grant requirements and their relationship to the IDU program appears in the Appendix.

State and County Contract

A number of the requirements set forth under the state and county contract are based upon the federal SAPT block grant requirements. Programs are required to notify the State upon reaching 90 percent capacity, to ensure that "to the maximum extent practicable" they will admit persons requesting treatment within 14 days after a request or within 120 days if no program has capacity to provide services but interim services are available with 48 hours of the request. They are prohibited from using grant funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.

Additional requirements in the state and county contract include provisions that funds not be used for inpatient hospital services except under special conditions and that the rate of payment to the hospital satisfy criteria established for community based non-hospital residential programs of treatment for substance abuse. Priority for admission must be provided to pregnant women. Counties are required to notify the Department if they are unable to provide interim services to pregnant women placed on a waiting list. They also are prohibited from using funds for inherently religious activities. Finally there is a provision that the County provide a plan for identifying individuals who are being served in multiple health agencies for services related to IDU such as TB, HIV, and hepatitis services.

Reporting

In addition to submitting standard fiscal reports (DMT Form 600 (Profile #585) and the DDE 942 and 943 forms), the state and county contract requires that clients served are reported monthly to the appropriate HSRS AODA Module (fiscal and client utilization data) and that a quarterly status report be completed on individuals who continue to be active in treatment. The current contract language specifies that "The data gathered shall include frequency of substance use, employment status, and if a change of criminal status (e.g. arrest, revocation) has taken place during the quarter. This new requirement for quarterly reporting was added to the 2005 contract to comply with federal National Outcome Measures (NOMs) requirements.

Application Instructions

The State and County Contract Addendum for IDU programs references two documents. These include a letter dated September 9, 1995, and "Application Instructions, Injection Drug Abuse Treatment (IDU)." The DDES was not able to locate this letter but provided a letter dated a year earlier which deals with the need for applicants to report using the "Wisconsin IV Drug Abuse Primary Treatment Registry" form. The Division provided copies of the application instructions for April through December 1989, CY 1990, and CY 1997.

The application instructions for 1997 set forth a number of program requirements that are in addition to the reporting and other requirements previously described from the State and County Contract addendum.

Program Objectives

The first requirement for applicants is to provide objectives to meet the Division's goals for the programs. The application instructions for CY 1997 stated that the Division's goals for funding IDU treatment are:

1. To reduce the numbers of injection drug users (IDUs) needing treatment thus reducing exposure to HIV through needle-sharing and sexual activity.

2. To increase the awareness of AIDS through outreach educational activities on its transmission for those injection drug users currently not in treatment.
3. To determine the capacity of available programs to meet the treatment needs of injection drug users
4. To educate drug abuse counselors and health care providers to provide treatment for injection drug users.

Other Requirements

The application also includes instructions related to supplanting, contracting for outreach, and client eligibility:

- Applicants are required to use the IDU funds to supplement funds "already for IDU treatment" which are described in the "Planned Use of Funds" memo. The application provides reporting categories for applicants to use to report other funds. These include Day Treatment, Non-hospital Outpatient (including Methadone Maintenance), Detox, Residential and Inpatient.

- Funds may be used to "contract with appropriate programs serving this population to do outreach to Injection Drug Abusers in conjunction with a Memorandum of Understanding (MOU) and agreed upon by the State."

- Program funds can only be used to provide treatment for individuals not eligible for any entitlement program or private insurance.

State Monitoring

DDES State staff report that they do not routinely visit program counties to assess their compliance with requirements in the state and county contract due to the stability of the contracts, the continued reporting on outreach, and other assignments that need to be completed.

Program Funding

Current Allocation Approach

1989 Wisconsin Act 31, Section 3023 (22x) (b) specified that the Department expend $471,500 in state fiscal year 1989-90 and $637,000 in state fiscal year 1990-91 "to expand activities of intravenous drug abuse prevention, outreach and treatment." Street outreach programs started in late 1989 when 6 counties (Milwaukee, Dane, Waukesha, Racine, Brown and Rock) received funding through the federal Alcohol and Drug Abuse block grant. These 6 counties received $938,000. Two additional counties (Kenosha and Walworth) were added in 1990, and funding was increased to $1,360,000. Two more counties (La Crosse and Eau Claire) were added in 1991 or 1992. Three counties (Winnebago, Outagamie and Marathon) declined funding offered to them. The Division of Disability and Elder Services, Bureau of Mental Health and Substance Abuse Services reports that outreach funds were originally coordinated with the Division of Public Health AIDS/HIV program; this funding was subsequently allocated to counties because the counties wanted to have more control over the contracts.

The current level of funding is $2.4 million. All of these funds are from the federal Substance Abuse Prevention and Treatment block grant. Two of the 10 counties currently operating these programs (La Crosse and Eau Claire counties) only receive funding to provide outreach services for injection drug users (IDUs). The other eight participating counties receive funding to provide drug abuse treatment as well as outreach services for IDUs.

2004 SAPT Block Grant IVDA Allocations

County	Outreach Allocation	Treatment Allocation	Total
Brown	$ 50,000 to ARCW	$ 50,000	$100,000
Dane	$ 50,000	$553,600	$603,600
Eau Claire	$ 30,000	0	$ 30,000
Kenosha	$ 55,000	$100,000	$155,000
La Crosse	$ 55,000	0	$ 55,000
Milwaukee	$310,000	$610,000	$920,000
Racine	$ 55,000	$ 90,000	$145,000
Rock	$ 50,000	$135,000	$185,000
Walworth	$ 45,000	$ 80,000	$125,000
Waukesha	$ 50,000	$ 40,000	$ 90,000
Total	**$750,000**	**$1,658,600**	**$2,408,600**

Targeting

To be most effective, IDU funds need to be provided to the counties with the greatest number of IDUs. Because IDU is a high risk behavior for the transmission of HIV/AIDS, targeting funds to counties with high numbers of IDUs also contributes to preventing AIDS. DDES reports that street outreach program funds currently are allocated to counties based on two sources of information: 1) annual data on the number of new AIDS cases per county and 2) information on the number of IDUs from a federally-sponsored telephone survey that was conducted in Wisconsin in 1997.

The federal survey is the most recent information available on the incidence of IDUs per county. However, the information is dated, limiting its usefulness in targeting the current IDU population. The survey was conducted by the Wisconsin Survey Research Laboratory as part of

the federally-sponsored State Treatment Needs Assessment Program (STNAP). The survey found a total of 21,144 IDUs in the state. The 10 IDU program counties had 10,881 or 51% of the statewide total. [13]

Information on the number of AIDS cases is updated each year. The total number of AIDS cases within the state as of December 31, 2004, was 5,690. The 10 program counties accounted for 4,503 or 79% of these cases.[14]

However, because anyone with HIV can transmit the infection, the cumulative number of persons with HIV per county is the best indicator of the at-risk population per county. As the following table illustrates, the counties receiving the IDU funds did not always have the highest cumulative numbers of IDUs or of HIV-infected persons in the state.

Overall the incidence of IDUs per 10,000 population was just slightly higher in the program counties than in the non-program counties (38.76 versus 37.66). However the incidence of HIV per 10,000 population in the program counties was considerably higher than in the non-program counties (24.39 versus 5.33). The higher incidence of HIV per 10,000 in program counties is related to the inclusion of Milwaukee, which has the highest rate in the state.

Incidence of Injection Drug Users and HIV Infections per County

County	# of IDUs* in 1997	Rate (IDU per 10,000 pop.)	# Cumulative HIV 2004**	Rate (HIV per 10,000 pop.)	Population 1/01/04	Rank based on # of HIV cases 1983-2004	IDUs as % of HIV Cases 1983-2004
Program Counties:							
Brown	788	**33.13**	282	**11.86**	237,841	4	19%
Dane	1,454	**32.26**	1,046	**23.21**	450,730	2	18%
Eau Claire	354	**36.79**	85	**8.83**	96,214	10	19%
Kenosha	553	**35.43**	247	**15.83**	156,082	3	25%
LaCrosse	409	**37.31**	147	**13.41**	109,616	7	19%
Milwaukee	4,337	**46.17**	4,327	**46.06**	939,358	1	22%
Racine	778	**40.55**	262	**13.66**	191,853	5	19%
Rock	627	**40.31**	204	**13.12**	155,536	6	24%
Walworth	321	**33.08**	69	**7.11**	97,052	15	15%
Waukesha	1,260	**33.75**	179	**4.79**	373,339	8	15%
Subtotal Program Counties	**10,881**	**38.76**	**6,848**	**24.39**	**2,807,621**		
Non-Program Counties:							
Adams	60	**28.98**	22	**10.62**	20,707		
Ashland	75	**44.20**	9	**5.30**	16,969		

[13] The total number of IDUs identified by this survey is considerably greater than the 5,674 IDUs identified as "needing treatment" in Wisconsin's 2004 SAPT block grant application. The block grant application did not provide a listing of IDUs needing treatment by county.

[14] Wisconsin HIV/AIDS Quarterly Surveillance Summary, Cases Reported 1982 through December 31, 2004, Table 5 "Cumulative AIDS cases and HIV infection by County of Residence"

County	# of IDUs* in 1997	Rate (IDU per 10,000 pop.)	# Cumulative HIV 2004**	Rate (HIV per 10,000 pop.)	Population 1/01/04	Rank based on # of HIV cases 1983-2004	IDUs as % of HIV Cases 1983-2004
Barron	174	**37.39**	33	**7.09**	46,540		
Bayfield	62	**39.81**	10	**6.42**	15,575		
Buffalo	64	**45.61**	<5	**3.56**	14,033		
Burnett	55	**33.54**	10	**6.10**	16,398		
Calumet	139	**31.33**	8	**1.80**	44,361		
Chippewa	232	**39.01**	26	**4.37**	59,466		
Clark	148	**43.06**	9	**2.62**	34,373		
Columbia	194	**35.53**	32	**5.86**	54,596		
Crawford	74	**42.28**	20	**11.43**	17,501		
Dodge	336	**38.06**	38	**4.30**	88,285		
Door	112	**38.47**	17	**5.84**	29,114		
Douglas	200	**45.76**	48	**10.98**	43,708		
Dunn	154	**36.90**	14	**3.35**	41,737		
Florence	19	**36.44**	<5	**9.59**	5,214		
Fond du Lac	400	**40.16**	40	**4.02**	99,608		
Forest	41	**40.20**	8	**7.84**	10,198		
Grant	233	**46.09**	27	**5.34**	50,552		
Green	135	**38.39**	29	**8.25**	35,163		
Green Lake	83	**42.91**	6	**3.10**	19,344		
Iowa	89	**37.65**	12	**5.08**	23,639		
Iron	30	**43.18**	9	**12.95**	6,948		
Jackson	76	**38.62**	6	**3.05**	19,677		
Jefferson	297	**37.91**	36	**4.60**	78,342	13	32%
Juneau	95	**37.30**	11	**4.32**	25,470		
Kewaunee	88	**42.19**	<5	**2.40**	20,860		
LaFayette	78	**47.82**	7	**4.29**	16,311		
Langlade	90	**42.40**	10	**4.71**	21,227		
Lincoln	118	**38.98**	7	**2.31**	30,271		
Manitowoc	373	**44.27**	37	**4.39**	84,264		
Marathon	500	**38.47**	80	**6.16**	129,962	11	18%
Marinette	177	**40.04**	30	**6.79**	44,204		
Marquette	52	**34.55**	10	**6.64**	15,051		
Menominee	15	**32.50**	15	**32.50**	4,616		
Monroe	158	**37.07**	23	**5.40**	42,626		
Oconto	130	**34.50**	16	**4.25**	37,679		
Oneida	140	**37.11**	20	**5.30**	37,726		
Outagamie	578	**34.23**	94	**5.57**	168,840	12	13%
Ozaukee	301	**35.35**	35	**4.11**	85,160		
Pepin	34	**44.93**	5	**6.61**	7,568		
Pierce	140	**36.26**	23	**5.96**	38,615		
Polk	145	**33.05**	19	**4.33**	43,870		
Portage	258	**37.43**	47	**6.82**	68,935		
Price	71	**44.50**	7	**4.39**	15,954		
Richland	79	**43.65**	7	**3.87**	18,098		
Rusk	70	**45.13**	6	**3.87**	15,512		
Sauk	195	**33.28**	45	**7.68**	58,595	14	24%

County	# of IDUs* in 1997	Rate (IDU per 10,000 pop.)	# Cumulative HIV 2004**	Rate (HIV per 10,000 pop.)	Population 1/01/04	Rank based on # of HIV cases 1983-2004	IDUs as % of HIV Cases 1983-2004
Sawyer	58	**34.06**	7	**4.11**	17,027		
Shawano	161	**38.38**	24	**5.72**	41,944		
Sheboygan	454	**39.33**	60	**5.20**	115,447		
St. Croix	197	**27.16**	35	**4.83**	72,522		
Taylor	85	**42.77**	<5	**2.52**	19,872		
Trempealeau	118	**42.50**	10	**3.60**	27,765		
Vernon	115	**39.75**	9	**3.11**	28,928		
Vilas	74	**33.69**	15	**6.83**	21,966		
Washburn	59	**35.20**	10	**5.97**	16,762		
Washington	381	**30.83**	47	**3.80**	123,587		
Waupaca	192	**36.13**	12	**2.26**	53,148		
Waushara	83	**33.46**	7	**2.82**	24,806		
Winnebago	592	**36.57**	127	**7.85**	161,863	9	19%
Wood	327	**42.89**	46	**6.03**	76,235		
Subtotal Non-Program Counties	**10,263**	**37.66**	**1,452**	**5.33**	**2,725,334**		
Total All Counties	**21,144**	**38.21**	**8,300**	**15.00**	**5,532,955**	**-**	**21%**
% Program Counties	**51.5%**		**82.5%**		**50.7%**		

* IDUs are from the 1997 statewide telephone survey for the SNATP.

** HIV is from the Division of Public Health surveillance report of cumulative cases through June 30, 2004. Wisconsin AIDS/HIV Update, Summer 2004, Table 5, "Cumulative AIDS Cases and HIV Infection by County of Residence."

Information on HIV cases 1983-2004 is from a memorandum prepared by the Division of Public Health "Injection Drug Users by County in Wisconsin" dated February 10, 2005.

Expenditures

Department CARS (Community Aids Reporting System) reports for 2001-2003 were reviewed to determine if counties typically spend their total IDU allocations. The "Balance to Pay" for each of these years was identified for the IDU program counties. The CARS reports do not show separate reports for IDU outreach and treatment funds so the balance to pay reflects both outreach and treatment funds. The CARS reports showed that counties generally expend all of their IDU allocation.

Supplemental Funding

Counties were asked, "Does your county supplement the treatment/outreach allocation with other funds?" "If yes, what is the amount and source(s) of other funding available for treatment/outreach in 2004?" County responses to this question suggest that some counties identified potential funding sources that could be used rather than sources of funding that they did use in 2004. (A summary of county responses appears in the appendix to this report.) In reviewing counties' responses to these questions, it also should be noted that whether or not counties supplement the street outreach allocation with other funds, as well as the sources and

amount of supplemental funds, may change from year to year, depending on the needs of IV drug users as well as other county resources and priorities.

Most of the counties receiving the IDU outreach allocation reported that they did not supplement those funds in 2004. Three counties, Dane, Kenosha, and Walworth, used a combination of funding sources to enhance their outreach allocation. However, a number of the program counties reported that they supplement the IDU treatment allocation.

Comparison to Other AODA Funding

In order to determine how significant the IDU allocation was to the 10 program counties, an attempt was made to identify all other county-specific AODA funding allocated to these counties. This showed that in addition to receiving the SAPT block grant IDU allocation, the 10 counties also receive $5.5 million in other SAPT block grant funds and $11.1 million from 14 other AODA programs that provide county-specific funding. Overall the SAPT IDU allocation represented from 5 to 36% of all the county-specific funding received by the 10 program counties.

The following table shows individual county SAPT block grant IDU allocations, other SAPT block grant funds allocated to individual counties and the total amount of funds allocated to counties from the 14 AODA programs where it was possible to identify specific county allocations. Information on these 14 programs follows the table.

County-Specific AODA Funding 2005-2006

County	SAPT IV Drug Allocation	Other SAPT Block Grant Funds Allocated	Other (Non – SAPT) County-Specific AODA Funding	Total	SAPT IV Drug Allocation as A Percent of Total Funding
Program Counties:					
Brown	100,000	365,279	10,000	475,279	21.0%
Dane	603,600	650,692	1,778,217	3,032,509	19.9%
Eau Claire	30,000	189,338	351,934	571,272	5.3%
Kenosha	155,000	326,821	499,610	981,431	15.8%
LaCrosse	55,000	204,793	36,000	295,793	18.6%
Milwaukee	920,000	2,431,021	7,105,354	10,456,375	8.8%
Racine	145,000	500,171	398,803	1,043,974	13.9%
Rock	185,000	343,850	680,983	1,209,833	15.3%
Walworth	125,000	118,911	107,843	351,754	35.5%
Waukesha	90,000	421,473	148,000	659,473	13.6%
Subtotal Program Counties	**2,408,600**	**5,552,349**	**11,116,744**	**19,077,693**	**12.6%**
Non-Program Counties:					
Adams		34,248	0	34,248	
Ashland		28,276	33,136	61,412	
Barron		79,713	19,051	98,764	
Bayfield		35,262	0	35,262	
Buffalo		23,204	0	23,204	
Burnett		28,760	0	28,760	
Calumet		46,328	0	46,328	
Chippewa		96,341	0	96,341	
Clark		55,026	6,682	61,708	

Columbia		77,128	0	77,128	
Crawford		32,086	0	32,086	
Dodge		111,966	0	111,966	
Door		46,219	58,411	104,630	
Douglas		110,750	160,085	270,835	
Dunn		69,453	38,261	107,714	
Florence		8,512	0	8,512	
Fond du Lac		153,543	137,744	291,287	
Forest			50,000	50,000	
Forest/Oneida/Vilas		135,306	592,022	727,328	
Grant			0	0	
Grant/Iowa		107,759	0	107,759	
Green		45,365	51,983	97,348	
Green Lake		32,340	0	32,340	
Iowa			0	0	
Iron		7,985	50,000	57,985	
Jackson		39,385	0	39,385	
Jefferson		109,299	0	109,299	
Juneau		42,890	24,495	67,385	
Kewaunee		26,797	70,456	97,253	
LaFayette		22,055	0	22,055	
Langlade			0	0	
Lincoln/Langlade /Marathon		297,162	97,949	395,111	
Lincoln			0	0	
Manitowoc		140,547	0	140,547	
Marathon			0	0	
Marinette		75,173	68,858	144,031	
Marquette		23,939	165,830	189,769	
Menominee		41,427	3,933	45,360	
Monroe		71,115	17,892	89,007	
Oconto		48,966	0	48,966	
Oneida			161,098	161,098	
Outagamie		236,002	75,257	311,259	
Ozaukee		85,354	0	85,354	
Pepin		11,569	0	11,569	
Pierce		51,163	89,373	140,536	
Polk		68,628	66,185	134,813	
Portage		111,625	179,466	291,091	
Price		19,379	24,971	44,350	
Richland		32,819	0	32,819	
Rusk		30,407	0	30,407	
Sauk		82,089	0	82,089	
Sawyer		50,065	0	50,065	
Shawano		73,720	0	73,720	
Sheboygan		178,215	0	178,215	
St. Croix		70,176	0	70,176	
Taylor		31,092	0	31,092	
Trempealeau		43,091	0	43,091	
Vernon		44,268	0	44,268	
Vilas			0	0	
Washburn		27,842	18,371	46,213	
Washington		131,927	238,129	370,056	
Waupaca		80,798	0	80,798	
Waushara		37,207	67,258	104,465	
Winnebago		253,027	218,923	471,950	
Wood		128,563	119,509	248,072	
Total	**2,408,600**	**9,735,700**	**14,022,072**	**26,166,372**	

Other (Non-SAPT Block Grant) County-Specific AODA Funding

The 14 programs that were identified as providing county-specific AODA funding in 2005-2006 are listed in the following table. They provide funding for treatment as well as prevention services. Collectively these 14 programs represent over 80% of all the AODA funding allocated in 2005-2006.

These 14 programs don't include other AODA funding sources, such as funding for the Wisconsin Regional Teen Institute, where the allocations go to providers or to other sources rather than to specific counties that are not included. (Services from these sources would also operate in individual counties, but it was not possible to allocate the funding to the individual counties.) These 14 programs also don't include the Community Aids Basic Allocation, County Levy or Medicaid funds which also can be used for AODA services.

For some of the 14 programs only part of the program funds are allocated to individual counties. The following table identifies the total amount of funding from each program that was identified as being allocated to individual counties. A table showing individual county allocations from each of these programs appears in the appendix to this report.

Other Sources of County-Specific AODA Funding, 2005-2006		**Total**
1.	Healthy Beginnings Program	$175,000
2.	Substance Abuse Services Grants for Milwaukee County/TANF	$5,000,000
3.	Brighter Futures Initiative *	$1,199,300 allocated (of total $3,534,500)
4.	Urban/Black/Hispanic Treatment	$100,000
5.	Substance Abuse Program for Women	$235,000
6.	Urban/Rural Women's Substance Abuse Block Grant *	$1,289,388 allocated (of total $2,167,900)
7.	Treatment Alternative Program	$937,600
8.	Juvenile Justice Pilots	$1,340,000
9.	Services to Persons in Treatment	$250,000
10.	AODA Treatment Center	$50,000
11.	High-Risk Youth Inner-City Program	$428,648
12.	Milwaukee Child Welfare	$1,583,000
13.	Intoxicated Driver Program	$1,000,000
14.	DAPIS (Drug Abuse Program Improvement Surcharge	$434,136
	Total	**$14,022,072**

*Indicates amount of funds identified as being allocated to individual counties.

Program Service Levels and Efficiency

To assess program service levels and efficiency, we identified the number of IDU clients served in program counties, compared the percentage of IDUs receiving substance abuse services in program counties to the percent being served in other counties, and estimated per client substance abuse treatment expenditures in program counties.

Number of IDU Clients Receiving Treatment

Per program application instructions, IDU treatment funds may only be used for persons who are indigent and who are not eligible for any entitlement program or private insurance. In addition program staff indicate that IDU program treatment funds may be used for anyone who currently uses injection drugs or who used injection drugs in the past 5 to 10 years. They also report that program funds can be used to treat the spouses or partners of IDUs.

Despite this comprehensive eligibility policy, county HSRS reports show that counties are providing substance abuse treatment services to only a small segment of the estimated population of IDUs in their counties. County HSRS reports indicate that, on average, 597 clients are served per year in all Wisconsin counties. This is less than 3% of the 21,144 IDUs estimated statewide for Wisconsin in 1997. Because it is likely that this 1997 survey underestimates the current number of IDUs, the actual percent of IDUs receiving substance abuse treatment may be even less.

The estimated number of IDUs served per year in all Wisconsin counties (597) also is only a small segment of the estimated 5,674 IDUs needing treatment shown in the state's 2004 SAPT block grant application. The SAPT block grant estimated that 21% of the 5,674 IDUs needing treatment would seek treatment, suggesting that over 1,000 persons would be served.

The following table shows the number of IDU clients served per county based on county HSRS reports. Collectively the 10 program counties served 953 or 71% of the 1343 IDU clients served across the 3-year period 2001-2003. This is generally consistent with the earlier estimate that 79% of the estimated IDUs in the state are in the 10 program counties.

Number of IDU Clients Served Per Year

County	2001	2002	2003	Average per Year 2001-2003	Total 2001-2003
Brown	12	20	22	18.0	44
Dane	77	74	103	84.7	202
Eau Claire*	7	2	10	6.3	16
Kenosha	7	3	6	5.3	13
La Crosse*	16	14	15	15.0	33
Milwaukee	189	239	214	214.0	452
Racine	23	17	7	15.7	37
Rock	5	9	9	7.7	18
Walworth	32	25	32	29.7	68
Waukesha	17	36	29	27.3	70
Subtotal All Program Counties	385	439	447	424	**953**
Non-Program Counties	177	160	181	173	390
Total	562	599	628	597	1343

*Program counties that only receive outreach funds. All client counts are unduplicated.

County HSRS reports include clients who were identified as either being referred by IV drug outreach workers, or (for most of those reported), identified as intravenous drug users when they entered treatment. If the referral source or mode of drug administration were not identified correctly, (for example, if clients did not state that they were in treatment due to an IDU outreach worker referral) then the number of IDU clients served per county is greater than shown by the following table.

It is also important to note that county HSRS reports do not specifically identify IDUs who receive drug abuse treatment services funded by the SAPT block grant IDU treatment allocation. There is no special code for these clients in the HSRS system. The code identifying clients referred by IV drug outreach workers also does not specifically identify clients referred by outreach workers funded by the SAPT block grant allocation. Other counties also use this referral code. Thus the following table and the rest of this section also include information on IDUs who received drug abuse treatment services funded by other sources.

Individual County IDU Service Rates

In comparison to non-program counties, the 8 counties receiving IDU treatment funds (excluding Eau Claire and La Crosse) served a greater proportion of identified IDU clients (4% versus 1.7%). However this varied by county. Some of the 8 counties served fewer IDUs on average than non project counties. Rock and Kenosha counties served the smallest percentage of IDUs.

Percent of Identified IDUs Served Per County

County	Average # IDUs Clients Served Per Year**	Estimated # of IDUs	Percent of IDUs Served
Brown	18.0	788	2.3%
Dane	84.7	1,454	5.8%
Eau Claire*	6.3	354	1.8%
Kenosha	5.3	553	1.0%
La Crosse*	15.0	409	3.7%
Milwaukee	214.0	4,337	4.9%
Racine	15.7	778	2.0%
Rock	7.7	627	1.2%
Walworth	29.7	321	9.2%
Waukesha	27.3	1,260	2.2%
Subtotal all Program Counties	423.7	10,881	3.9%
Subtotal for 8 Counties that receive Treatment Funds	402.3	10,118	4.0%
Non-Program Counties	173	10,263	1.7%
Non-Program Counties plus LaCrosse and Eau Claire	194.3	11,026	1.8%
Total	597	21,114	2.8%

*Program counties that only receive outreach funds.
**Based on 3-year average for 2001-2003.

Per Client Treatment Costs

Comparing county reports of the number of clients served to their IDU annual treatment allocations shows wide variation in the estimated per client IDU program treatment costs. It also shows that client IDU program treatment costs appear to be quite high in some of the counties. Some of the counties have costs over $15,000 per client per year. In comparison, the federal Alcohol and Drug Services Study reports outpatient treatment costs ranging from $7,415 for methadone to $1,433 without methadone per admission.[15] It also should be noted that to the extent that the IDU program funds are supplemented by other funds, per-client costs may be greater than shown in the following table. Because counties generally report spending all of their SAPT IDU allocations, the per-client treatment costs would not be expected to be less than shown.

Per Client Treatment Costs

County	Ave # Clients Receiving IDU Treatment/Year	IDU Treatment Allocation/ Year	Est. Per Client IDU Treatment Cost/ Year
Brown	18	$ 50,000	$2,777.78
Dane	85	$553,600	$6,512.94
Eau Claire*	(6)	0	
Kenosha	5	$100,000	$20,000.00
La Crosse*	(15)	0	
Milwaukee	214	$610,000	$2,850.47
Racine	16	$ 90,000	$5,625.00
Rock	8	$135,000	$16,875.00
Walworth	30	$ 80,000	$2,666.67
Waukesha	27	$ 40,000	$1,481.48
Total	403*	$1,658,600	$4115.63

*Total excludes Eau Claire and La Crosse counties that only receive outreach funds.

[15] The Alcohol and Drug services Study is available at : http://www.oas.samhsa.gov/adss.htm#Reports or http://www.oas.samhsa.gov/adss/ADSSCostStudy.pdf

Effectiveness of Outreach Services

Community outreach programs serve as the first step in locating and identifying high risk individuals who typically do not seek out services on their own, and linking them to services. Injection drug users are one such high risk group; many injection drug users are not engaged by conventional service systems that provide prevention, treatment, or medical, mental health or social welfare services. In order to educate, treat, or provide services to these individuals, it is often necessary to take the services to them, and seek them out in settings where they most often spend time.

The county survey was used to obtain information on the type of outreach services provided by counties with the SAPT block grant IDU outreach allocation. Information was collected on subgrantees, the program's goals, target groups and whether the programs were based on any model programs or evidence-based practices.

Subgrantees

A number of the counties which receive SAPT block grant funds for IDU outreach contract with other agencies to provide outreach services for IDUs. Following is a list of the agencies which counties identified as providing outreach services in their responses to the questionnaire developed for this evaluation.

Subgrantees for IDU Outreach

County	Outreach Subcontract Agencies
Brown	ARCW
Dane	ARC Community Services; ATTIC Correctional Services; Hope Haven - Rebos United; Mental Health Center of Dane County; Tellurian UCAN
Eau Claire	ARCW
Kenosha	Kenosha Human Development Services, Inc. and Kenosha HSD Division of Health
La Crosse	None
Milwaukee	ARCW
Racine	ARCW
Rock	Beloit Inner City Council and Tellurian
Walworth	ARO Counseling Services
Waukesha	Richard's Place

Outreach Goals and Primary Target Groups

In general, outreach programs represent part intervention and part prevention. They target persons who are currently injecting drugs (who are at a higher risk of becoming HIV infected due to their needle use), persons who are already infected with HIV, as well as trying to reach a broader population.

All ten counties receiving IDU outreach funds report that current IV drug users are a primary target population for their outreach efforts. Most of the counties indicate that their outreach

efforts are also directed at other groups whose substance use, sexual behavior or other factors put them at increased risk of future injection drug use or HIV infection.

Outreach Target Groups

Primary Target Groups for Outreach	Counties Targeting Each Group
Current IV drug users	All ten counties
Persons abusing alcohol and/or non-injection drugs	Eau Claire, Kenosha, Milwaukee, Waukesha
Spouses or sex partners of injection drug users	Dane, Eau Claire, Milwaukee, Racine, Rock
Persons at high risk for HIV/AIDS	Dane, Eau Claire, Kenosha, La Crosse
Men who have sex with men	Eau Claire, La Crosse
Persons in the correctional system, county jail, work release	La Crosse, Kenosha, Walworth, Waukesha
Minorities	Rock
Students	La Crosse

In response to the question about their IDU program goals, one county (Brown County) indicated that specific goals related to outreach are established by providers, and include education, prevention, abstinence support, counseling, and other treatment activities. The other counties receiving IDU outreach funds identified goals for outreach that are related to both substance abuse and infectious disease prevention/reduction. A copy of county responses describing their target groups and program goals are included in the appendix to this report.

Use of Program Models and Evidence-Based Practices

Four of these counties -- La Crosse, Rock, Walworth, and Waukesha -- indicated that their IDU-funded outreach activities are not formally based on a particular model or evidence-based approach. Dane, Milwaukee, Eau Claire, and Racine counties identified various models or approaches that provide the basis for their outreach activities. Brown County reported that they recently contracted with an agency to assist them implement evidence based practices. Kenosha reported that their programs were consistent with treatment guidelines. No attempt was made to verify county responses and the survey approach was limited. No effort was made to define the terms “program modes” and “evidence –based practices.” Counties may have understood these terms to have a more general connotation than was intended.

Use of Outreach Models/Effective Practices

County	Is Outreach Based on Any Model Program or Evidence-Based Practices?	If "Yes," which one? If "no," how was approach decided on?
Brown	Not currently	Recently contracted with a consulting firm to develop an evidence-based approach.
Dane	Yes	Needle exchange/harm reduction approach is evidence-based.
Eau Claire	Yes	Chicago Outreach Program; a harm reduction model that targets the social networks of injection drug users.
Kenosha	Yes	Program complies with certification standards in HSF 34, and is consistent with treatment guidelines for STDs and HIV.
La Crosse	No	
Milwaukee	Yes	National Institute of Drug Abuse Community-Based Outreach model
Racine	Yes	Not specified.
Rock	No	Loosely based on programs in Milwaukee and Madison, modified to suit the more conservative environment in Rock County.
Walworth	No	
Waukesha	No	

Outreach Worker Contacts and Results of Referrals

Several issues are important in assessing the effectiveness of community outreach efforts such as the IDU-funded street outreach. First, are outreach efforts reaching the "right" people? That is, are outreach workers successful at reaching individuals who, because of their injection drug use, sexual behavior, or other factors, are at risk of drug dependence and infectious disease? Second, do outreach workers provide the people they contact with the kinds of information, referrals or other assistance needed to get them into substance abuse treatment and/or reduce the harmful consequences of their drug use? Finally, what are the results of the counties' outreach efforts -- do the people contacted by outreach workers act upon the information and referrals they receive? Do positive changes occur in their drug use, health, or other behavior?

In this section we have summarized what is known about IDU-funded outreach activities and the populations reached in the counties receiving IDU outreach funds, and how this relates to the effectiveness of IDU-funded outreach. Most of the data discussed here are from 2002 and 2003. Where a different reporting period is used because 2002-03 data were unavailable, the relevant time period is noted. The contract addendum under which counties receive IDU funds requires that each county report quarterly about its outreach activities, in a format specified by DDES. However, OSF found that not all of the counties regularly report on their outreach activities, and some counties report the information in slightly different formats, thus some of the data used here to describe IDU outreach activities are incomplete or inconsistent.

Outreach Contacts

One measure of effectiveness for an outreach program is the extent to which outreach workers are able to locate and reach the populations of interest, in this case injection drug users and other persons at risk of contracting or transmitting HIV.

Race and Ethnicity

Data on race/ethnicity of outreach contacts was only available for 6 of the 10 program counties. Based on our analysis of data from (mostly) 2002 and 2003, most of the IDU outreach programs appear to be reaching out to minority populations. This is consistent with the higher incidence of injection drug use among minorities. National data on IDUs shows that just over half (51%) are African Americans, 25 percent are Hispanic and 22 percent are Caucasian. The following summary compares the characteristics of the persons contacted by outreach workers to the overall county population. Because outreach focuses on high risk areas, it would be expected that the overall incidence of minorities contacted would be greater than the county-wide incidence of minorities.

- Outreach contacts in Eau Claire County, were more racially homogeneous than elsewhere -- about ninety percent were white, consistent with the composition of Eau Claire County's population, which was 94% white in 2000.

- African-Americans represented a larger proportion of persons reached through the outreach program in Milwaukee County, than in other counties. Also, Milwaukee County outreach contacts were much more likely to be African-American than the county population as a whole or the national population of IDUs. Outreach contacts were somewhat more likely to be Hispanic than the county population as a whole, although the percentage of outreach contacts that were Hispanic was less than would be expected given the incidence of Hispanics within the national IDU population (25%). Almost two-thirds of outreach contacts in Milwaukee county were African-American, about twenty percent were white, and somewhat fewer were Hispanic (12% in 2002 and 15% in 2003). In contrast, the 2000 Census found Milwaukee County's population to be 24% black, 62% white and 9% Hispanic.

- In Dane, Racine, and Rock counties, blacks were over-represented among the outreach population, although not to the same extent as in Milwaukee County. Outreach contacts in Racine and Rock counties were also somewhat more likely to be Hispanic than their representation in the overall county population.

- Hispanics represented a larger percentage of outreach contacts in Brown County than in the other counties, disproportionate to their representation in the overall population, about 4% in 2000.

Race/Ethnicity of Outreach Contacts in Selected Program Counties

National data on the race/ethnicity of IV drug users	**White 22%**		**Black 51%**		**Hispanic 25%**	
Wisconsin IVDA Counties	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**
Eau Claire	90%	89%	< 1%	2%	6%	5%
Milwaukee	19%	20%	66%	64%	12%	15%
Dane	52%	42%	43%	51%	5%	5%
Racine	no data	30%	no data	51%	no data	18%
Rock	28%	31%	44%	47%	12%	8%
Brown	39%	48%	11%	8%	36%	32%

Gender

Outreach contacts were disproportionately male, compared to the overall population. Gender was reported only for Dane, Rock and Waukesha counties. In Waukesha County, outreach contacts during January and February of 2005 were 79% male, 21% female. The gender distribution in Dane and Rock counties is shown below:

Gender of Outreach Contacts (Dane and Rock Counties)

		2000 County Population	2002 IDU Outreach Contacts	2003 IDU Outreach Contacts
Dane	Male	211,020 (49%)	2,146 (70%)	2,122 (65%)
	Female	215,506 (51%)	915 (30%)	1,155 (35%)
Rock	Male	74,980 (49%)	2,057 (62%)	1,065 (59%)
	Female	77,327 (51%)	1,249 (38%)	748 (41%)

Age

The age of outreach contacts was available only for Dane County. There, approximately two-thirds of reported contacts were with individuals 20-29 years of age. Slightly less than ten percent of contacts were under the age of twenty.

Age of Outreach Contacts (Dane County)

	2000 County Population	2002 Outreach Contacts	2003 Outreach Contacts
< 20 years	113,156 (27%)	272 (9%)	280 (9%)
20-24 years	43,986 (10%)	1,163 (38%)	945 (31%)
25-29 years	34,472 (8%)	1,008 (33%)	940 (31%)
30 + years	243,912 (55%)	616 (20%)	884 (29%)
Total	426,526 (100%)	3,059 (100%)	3,049 (100%)

Risk Behaviors

The percentage of outreach contacts reporting current use of injection drugs ranged from less than five percent in Rock County to a high in Dane County, where 55% of contacts in 2002 and 66% of contacts in 2003 reported current use of injection drugs. In Brown, Milwaukee and Racine counties, the percentage of outreach contacts reporting IV drug use was 10-30%.

In general, the abuse of alcohol or non-injection drugs was the risk behavior most commonly reported by outreach contacts in these counties.

Referrals to Treatment

Relatively few persons contacted by outreach workers were referred to substance abuse treatment. In all counties except for Rock County, less than five percent of persons contacted by outreach workers were referred to treatment in 2002 and 2003. Referrals by outreach workers were most often made for HIV testing, although the percentage of persons referred for HIV testing ranged from less than two percent (Milwaukee in 2002) to 27% in Dane County in 2003.

Referrals Seeking Treatment

Due to the anonymous, confidential nature of many outreach contacts, counties are generally unable to be certain whether individuals who are referred to substance abuse treatment, HIV

testing or counseling, or other services, programs, or providers actually follow through and act on the referrals.

The Aids Resource Center of Wisconsin (ARCW) contracts with Brown, Eau Claire, Milwaukee and Racine counties to conduct outreach and data collection. ARCW reports that the anonymous nature of their outreach program makes it impossible to track individuals who receive referrals. However, they were able to report some aggregate figures for referrals and admissions to the day treatment program at the Dennis C. Hill Harm Reduction Center, as well as referrals and testing for HIV and hepatitis C (HCV) at that agency.

Result of Outreach Contacts in Selected Counties

	Brown		Eau Claire		Milwaukee		Racine	
Year	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**
Total Contacts	2,989	2,730	---	1,451	20,085	19,917	4,390	2,890
Day Treatment								
Referred to AODA day treatment	---	---	---	---	208	226	---	---
Admitted to AODA day treatment	---	---	---	---	71	86	---	---
Percent of referrals admitted					34.1%	38.1%		
HIV Testing								
Referred for HIV testing	403	452		225	343	449	103	129
Tested for HIV	182	217	---	186	287	312	88	104
Percent of referrals tested	45.2%	48.0%	---	82.7%	83.7%	69.5%	85.4%	80.6%
Hepatitis C (HCV) Testing								
Referred for HCV testing	39	124		63	98	158	16	53
Tested for HCV	91	75	---	41	51	117	8	37
Percent of referrals tested	42.9%	60.5%	----	65.1%	52.0%	74.1%	50.0%	69.8%

Effectiveness of Substance Abuse Treatment Services

The county survey was used to obtain information on the type of substance abuse treatment services provided by counties with the SAPT block grant IDU treatment allocation. Information was obtained on subgrantees, program goals and target populations and use of effective practices. Programs also described the type of substance abuse services provided.

Subgrantees

In a number of cases, the counties which receive SAPT block grant funds for IDU treatment contract with other agencies to provide treatment services for IDUs. Following is a list of the agencies which counties identified as providing treatment services in their responses to the questionnaire developed for this evaluation.

Subgrantees for IDU Treatment

County	Treatment Subcontract Agencies
Brown	Jackie Nitschke Center, Tellurian, Quality Addiction Management, NoVA, Brown Co Mental Health Center (Detox)
Dane	ARC Community Services, Center for Women/Children and TAP Program; ATTIC Correctional Services; Family Services-Alternative to Aggression; Hope Haven-Rebos; Mental Health Center of Dane County; Tellurian UCAN
Kenosha	Bell Therapy; Brotoloc Health Care System, Inc.; Kenosha County Division of Health; Kenosha Human Development Services, Inc.- Community Intervention Center; Matthews Adult Family Home; Oakwood Clinical Associates; Walgreens (WHP)
Milwaukee	IV DA funds support Behavioral Health Department's Purchase Service Contract with Genesis Detoxification and 28 providers that provide services on a fee-for-service basis.
Racine	Genesis Behavioral Services; Racine Psychological Services
Rock	For residential care: Alcohab, Janesville and Tellurian UCAN, Inc, Madison. For outpatient services: Crossroads Counseling Center, Mercy Options, Janesville Psychiatric Clinic, Lutheran Social Services, Rock Valley Community Programs (TAP), Beloit Counseling Care Center, and Beloit Inner City Council
Walworth	Aurora Lakeland Medical Center, Rogers Memorial Hospital, Tellurian Center-Madison, Alcohab Inc.-Janesville, ARO Counseling-Elkhorn
Waukesha	Waukesha Memorial Health Systems, Lutheran Social Services, ARO Counseling, Cornerstone Counseling, Rogers Hospital, Social Rehabilitation Services, Beacon House

Program Goals and Primary Target Populations

Most of the counties reported that the primary target population for their program was IV drug abusers with priority for pregnant women. Other populations mentioned were persons at high risk of contracting/transmitting HIV/AIDS who are actively using alcohol/other drugs, especially on an IV basis. One county (Walworth) targets only individuals who have failed regular or intensive outpatient treatment efforts.

The primary goals for their programs included attention to harm reduction, vocational training, homelessness and sexually risky behavior. Objectives included concern with substance abuse and infectious disease. The target population and program goals identified were generally consistent with the requirements specified in the State and County Contract Application Instructions. County responses describing their target populations and their program goals are included in the appendix to this report.

Treatment Target Populations and Program Goals

County	Primary Target Population for Treatment	Goals for Treatment Programs
Brown	IV drug users with priority for pregnant women.	Abstinence based support, harm reduction, and detoxification services.
Dane	Adults using and abusing IV injection of non-prescription, illicit drugs within the past ten years, at high risk for HIV/AIDS and who are not eligible for any entitlement program or private health insurance.	Reduce or eliminate the spread of HIV/AIDS by reducing or eliminating the incidence of injection drug use of individuals.
Kenosha	Persons at high risk of contracting/transmitting HIV/AIDS who are actively using alcohol/other drugs, especially on an IV basis, in an abusive/addictive manner, especially pregnant women.	Reduce/eliminate alcohol/drug abuse behavior, stabilize the mental health condition and reduce sexually risky behavior by engaging target populations in crisis intervention/ assessment/treatment.
Milwaukee	IV drug users with priority for pregnant women.	To decrease substance using/abusing behaviors of IVDUs, sex industry workers, homeless persons, gay and bisexual men, and the sexual partners of these groups.
Racine	IV drug users with priority for pregnant women.	Be chemically free and involved in vocational programs.
Rock	IV drug users with priority for pregnant women.	To ensure that current or past users of IV drugs have ready access to contracted AODA services including IDP clients.
Walworth	Individuals who have failed regular or intensive outpatient treatment efforts.	To get the user into active treatment and to achieve remission in IV drug use
Waukesha	IV drug users with priority for pregnant women.	To provide timely and effective treatment to reduce or eliminate usage.

Type of Substance Abuse Services Provided

Counties reported providing a variety of services in their programs ranging from detoxification to outpatient counseling. The type of services described was consistent with the Application Instructions and with Department guidance related to appropriate services. DDES staff report that "the type of services that can be funded are not limited and include services such as detoxification, case management/care coordination, day treatment, outpatient treatment, methadone maintenance, residential treatment CBRF, urinalysis, medication monitoring, AODA education and mental health services" [16]

[16] March 10, 2005, correspondence from Deborah Powers to Paul Mitchell, Mike Quirke.

Substance Abuse Services for IDUs

County	Program Services
Brown	Detoxification, individual and group counseling, inpatient treatment, and methadone maintenance are provided.
Dane	Day Treatment/Intensive Outpatient/Case Management-general population & jail diversion, Group Treatment for Anger Management; AODA Residential Treatment-general & jail diversion, Day Treatment, Residential Treatment, Medical and Social Detoxification, Community Intervention Team.
Kenosha	Short term residential crisis stabilization at KARE (Kenosha Adult Residential Emergency) Center, assessment and referral as necessary, detoxification, psychiatric evaluation, medication management, outpatient counseling (group and individual), promotion of and initiation into local self help programs.
Milwaukee	Detoxification, case management/care coordination, day treatment, outpatient treatment, methadone maintenance, residential treatment (CBRF), urinalysis, medication monitoring, AODA education, mental health services.
Racine	Residential treatment and outpatient counseling
Rock	Medically monitored detoxification, residential care, outpatient group and individual care, and U.A.s.
Walworth	Detoxification at contracted facilities, Methadone program- referrals to Milwaukee County; individual and group counseling- contract with ARO Counseling, residential treatment- Alcohab Inc. - Janesville
Waukesha	Outpatient: individual and group. Residential: halfway house; intensive outpatient; detoxification, inpatient when applicable

Use of Program Models and Evidence-Based Practices

Just one of the eight counties reported that their program was based on a model program or evidence-based practices. Five of the other seven counties reported that they relied on what their various vendors employed or that they used regular AODA treatments. As one county put it:

> "Each individual case is looked at through HFS Chapter 75 licensing criteria and the Uniform Placement Criteria (UPC) protocol to determine the level of intervention. We use a number of vendors to provide the indicated intervention and different treatment modalities may be indicated specific to the client's characteristics and needs. If indicated a "Harm Reduction" model or the "Minnesota Medical Model" is sometimes used. We certainly use a "no wrong door policy" which allows for client choice and sometimes what we believe is best isn't what the client is willing to do, so we adjust to at least work with them in some capacity. I guess the most accurate answer is that we try to use best practices based on the client's needs, but different models may be used based on circumstances and client choice…. Since the UPC per State requirement dictates the level of care, the course of treatment, duration, and aftercare recommendation may vary. Based on the UPC, a vendor is selected based upon client choice, gender specific need, program access and availability, willingness to contract with the county, and cost to the client to name a few."

Again, however, the written survey approach used to solicit this information from counties was limited. No attempt was made to verify county responses. Because no effort was made to define the terms "program modes" and "evidence –based practices," counties may have understood these terms to have a more general connotation than was intended. DDES also notes that initially

counties operating the IDU projects received training on effective practices but county programs have evolved over time and reflect changes in staff over the years.

A review of sources was conducted to learn if there are any "effective" or “model” IV DA treatment programs being used and “best practices” that are being applied to treat IV DA. Several sources were explored including the following:

1. U. S. Department of Health and Human Services, Center for Substance Abuse Prevention (CSAP), Substance Abuse & Mental Health Services Administration (SAMHSA).
2. National Institute on Drug Abuse (NIDA)
3. American Association for the Treatment of Opioid Dependence
4. Wisconsin Clearinghouse for Prevention Resources
5. DHFS/DDES/BMHSAS Program Staff
6. Dane, Milwaukee and Waukesha County Program Staff
7. IV Drug Outreach & Treatment Providers
8. IV Drug Abuse Street Outreach & Treatment Program/Program Survey Questionnaire

In attempting to answer the questions “How does one measure the effectiveness of IV drug user/abuser treatment services?” and “Are the methods being used to treat clients in the IVDU/A programs consistent with identified "Best Practices" for IVDU/A treatment?” we consulted with several program county and provider staff. They, in turn, posed these questions to their various contacts in SAMHSA. One interesting response they received was from a program officer and his contract staff on the Knowledge Application Program contract under which the Treatment Improvement Protocols (TIPs) are developed for the SAMHSA.

> “This question is hard to answer because it treats a certain facet of drug-taking behavior (in this case IV injection) as if it were an overridingly important treatment consideration. Though IV drug use does bring some particular characteristics to the treatment situation (e.g., some people seem especially 'addicted' to the IV regimen and perhaps needle insertion aspects; and, of course, there are HIV and other STD/infection considerations), typically the IV user is a person addicted to heroin for whom the traditional forms of treatment are appropriate and for whom the counselor is likely to understand any particular 'needle' aspects germane for the client. Consequently, I do not know of any "Best Practices" specifically for IV users, and I doubt that there are any specific treatment programs whose design is based on the import of the IV use. On the other hand, there are certainly treatment programs highly experienced with such IV users and treatment programs where perhaps all or almost all the clients are IV users.”

County Evaluation Practices and Perceptions of Program Effectiveness

County responses to the questionnaire developed for this evaluation provided information on counties’ perceptions about the effectiveness of their programs and about their program evaluation practices. Overall, the counties that responded to the questionnaire felt that while they didn’t specifically use model or evidence based practices to treat IV drug users or benchmarks or outcome measures to help them determine how well they were doing, many of them believed that they have been successful in treating this difficult target population.

In response to the question of how well county programs were achieving their treatment goals, two (2) counties responded that they are not achieving their treatment goals well, one (1) county wasn't sure, while five (5) counties responded that they were doing well in achieving their treatment goals. One county indicated that "overall, client successful completion rates across agencies and programs show outpatient treatment at between 65-70%, day treatment at 40-60% and residential treatment at between 40-80%. Clients who complete their treatment period are from 50-150% more successful in achieving individual treatment goals as opposed to those who do not complete treatment."

Another county said that "The 59% successful completions include IDU referrals as well as other County clients. For a public sector clientele, a 59% completion rate appears to be rather acceptable."

Counties were also asked if they conducted any follow up or attempt to contact clients after they were discharged from treatment. Five (5) counties responded that they do not do any follow-up or attempt to contact clients while three (3) counties responded that they do. One county wrote that "treatment agencies have generally done limited follow-up with clients after treatment due to limited staff time available to conduct follow-up activities, difficulties tracking the location of clients, concerns with confidentiality regarding post-treatment contacts and the limited responses received when follow up methods were used."

When counties were asked what benchmarks or outcomes they use to evaluate the effectiveness of their IV drug treatment program, five (5) counties responded that they do not use benchmarks or outcomes, while three (3) counties said that they use specific benchmarks. As one county wrote, "the County does not employ IDU specific benchmarks, but defers to outcomes employed in the individualized treatment plans, be they outpatient, medical detoxification, residential or crisis stabilization. Self reports of improvement, symptom abatement, reduced drug use, program completion, employment, stable living arrangements, reduced incarceration, etc, are commonly employed bench marks."

Client Outcomes Reported On HSRS

The following section presents information on client outcomes associated with the drug abuse treatment provided to IDUs in the 10 counties receiving street outreach, IDU outreach and treatment funds. It is based on HSRS reports from the program counties and their responses to the questionnaire developed for this evaluation. For comparison purposes, information is also shown on the total number of IDU clients served in non-program counties. The information in this section is based on three years of county HSRS reports. Three years of data was used because program staff indicated that county service levels fluctuated from year to year. Thus using a number of years provides a better picture of service levels and outcomes.

As a preface to interpreting the following tables, it must be understood that even though they were given the opportunity to correct the HSRS information reported by their counties, some counties may underreport some of the program data on HSRS. There may be several reasons for this situation. For example, Milwaukee County reports that they never had the resources to make sure the various drug-screening vendors (6) were entering accurate data into HSRS.

It is also important to realize that as noted previously, the HSRS reports include all IDU clients in the counties-- not just those receiving AODA treatment services funded by the SAPT block grant IDU treatment allocation. There is no code in the HSRS system that identifies persons who receive treatment services that are funded with the SAPT block grant allocation for IDUs. HSRS codes identify persons who either are referred by "IV Drug Outreach" workers or whose usual mode of administration is needle injection. The code identifying persons referred by IV Drug Outreach workers is also used by non-program counties so it does not specifically identify persons referred by outreach workers funded by the SAPT block grant IDU outreach allocation. There is a code in HSRS that identifies persons whose mode of administration for substance abuse is needle injection. Thus persons who formerly were injection drug abusers who now use a different form of administration would not be identified as an IDU client unless they were referred by a street outreach worker for IDU. The following data compares all services to injection drug users in the 10 program counties to services to injection drug users in other counties. But it does not specifically reflect services funded with the SAPT block grant IDU allocation given to the 10 program counties.

The following section is based on the number of IDU clients served from 2001-2003. In total, the 10 program counties, including the two counties that only received outreach funds, served 953 IDU clients in the 3-year period analyzed. Non-program counties served 390 clients.

Number of IDU Clients Served 2001-2003

County	Clients Served (Unduplicated Total)
Brown	44
Dane	202
Eau Claire*	16
Kenosha	13
La Crosse*	33
Milwaukee	452
Racine	37
Rock	18
Walworth	68
Waukesha	70
Subtotal Program Counties	953
Non-Program Counties	390
Total	1343

*Program counties that only receive outreach funds.

Treatment Completion

One measure of a program's effectiveness is treatment completion. Clients who complete treatment are more likely to achieve abstinence or reduced drug abuse. Nationally it is reported that 35 percent of the clients who enter alcohol and other drug abuse treatment complete the treatment.[17] In the program counties, which serve very treatment-resistant IV drug users, 212 or 33% of the 640 clients who were discharged completed treatment. In non-program counties, 121 or 34% of the 351 clients who were discharged completed treatment.

[17] Office of Applied Studies (2000) Website table 6.4 from the National Treatment Episode Data Set, Office of Applied Studies, Substance Abuse and Mental Health Services Administration.

Program Status of IDU Clients Served 2001-2003

County	Clients Served	Still Active	Discharged			
			Completed Treatment	Other Discharge	Unknown	Subtotal Discharged
Brown	44	10	9	25	0	34
Dane	202	37	71	94		165
Eau Claire*	16	3	2	11		13
Kenosha	13	2	6	5		11
La Crosse *	33	8	12	13		25
Milwaukee	452	96	36	188	132	224
Racine	37	2	21	14		35
Rock	18	1	10	7		17
Walworth	68	20	24	24		48
Waukesha	70	2	21	47		68
Subtotal Program Counties	953	181	212	428	132	640
Non-Program Counties	390	39	121	230		351

*Program counties that only receive outreach funds.

Average Days in Treatment

There was considerable variation in the length of time clients spent in treatment in the program counties. Brown and Milwaukee counties had very long times in treatment for clients who were still active. This may reflect differences in reporting practices, differences in county policies or the fact that they are treating clients with more severe needs. Program staff note that in general, the more treatment given, the better the results. Research indicates that patients who stay in treatment longer than 3 months (90 days) usually have better outcomes. On the national level, alcohol and other drug abuse patient treatment last about 120 days.[18]

Average Days in Treatment of IDU Clients Served 2001-2003

County	Client Status			
	Still Active	Completed Treatment	Other Discharge	Unknown
Brown	514	243	358	
Dane	230	151	87	
Eau Claire*	222	249	213	
Kenosha	284	162	68	
La Crosse*	231	233	191	
Milwaukee	594	112	188	311
Racine	151	116	104	
Rock	94	116	42	
Walworth	63	49	76	
Waukesha	99	183	54	
Total	248	161	138	311

*Program counties that only receive outreach funds. Average length of time in treatment was calculated based on the 953 clients in program counties shown in the preceding table. Average length of time in treatment was not calculated for non-program counties.

[18] Office of Applied Studies (2000) Website table 6.4 from the National Treatment Episode Data Set, Office of Applied Studies, Substance Abuse and Mental Health Services Administration.

For clients who are re-admitted, the time in treatment also is longer. Program counties had slightly higher re-admission rates than non-program counties. Program staff indicate that treatment may be longer in program counties because they are serving a more treatment resistant population through assertive outreach not available to non-program counties.

Re-Admission Rates for IDU Clients Served 2001-2003

County	Clients Discharged	Percent Readmitted
Brown	34	2%
Dane	165	11%
Eau Claire*	13	7%
Kenosha	11	0
La Crosse *	25	6%
Milwaukee	356	11%
Racine	35	3%
Rock	17	0
Walworth	48	20%
Waukesha	68	9%
Subtotal Program Counties	640	10%
Non-Program Counties	351	6%

*Program counties that only receive outreach funds. Table values are based on all discharges including persons who did not complete treatment.

Outcomes At Discharge

The HSRS provides information on 3 key discharge outcomes for clients: abstinence, reduced drug use among those not abstinent, and employment. Each of these indicators reflects the client's status at discharge and this information is only available for the clients who completed treatment and had a formal discharge session where this information could be recorded.[19] Thus it does not provide a picture of the drug use and employment outcomes of all clients served. Outcomes for clients in program counties were very similar to those in non-program counties.

Outcomes At Discharge For IDU Clients Who Completed Treatment

County	Clients Completing Treatment	Client Outcomes		
		% Abstinent	% Additional Clients with Reduced Use	% Employed
Brown	9	86%	2%	53%
Dane	71	76%	14%	48%
Eau Claire*	2	100%		33%
Kenosha	6	100%		83%
La Crosse*	12	97%		50%
Milwaukee	36	NA		NA
Racine	21	91%		40%
Rock	10	100%		67%
Walworth	24	80%	20%	60%
Waukesha	21	100%		69%
Subtotal Program Counties	212	92%	4%	56% vs. 33 % at admission
Non-Program Counties	121	91%	5%	62% vs. 40% at admission

*Program counties that only receive outreach funds.

[19] DDES reports that in order to comply with federal reporting requirements under the National Outcomes Measures (NOMS) system, outcome information will be available in the future on an annual basis for all clients. This is scheduled for implementation by 2007. A description of the NOMS system is at http://www.nationaloutcomemeasures.samhsa.gov/./outcome/index.asp

Relationship to Public Health Programs for Injection Drug Users

The Division of Public Health (DPH) supports a number of programs to prevent IDU and the related risks of HIV and hepatitis C. DPH does not provide AODA treatment, but it provides funding to supplement prevention and treatment services that DDES supports. It also provides funding to support services such as needle exchange which DDES is prohibited from providing under federal SAPT block grant regulations.

Description of Public Health Programs for IDUs

The Division of Public Health supports the statewide Wisconsin HIV Prevention Community Planning Council with CDC funds. The Council's main charge is to assist DPH with prioritizing populations most at risk for HIV infection and to prioritize evidence-based interventions appropriate for these populations. The Council has long prioritized IDUs, has former IDUs as members, and routinely solicits the input of current IDUs and service providers to this population. An entire chapter of the Council's 2005-2008 Wisconsin Comprehensive HIV Prevention Guide is devoted to this population. The Council has long supported harm reduction approaches to HIV prevention in this population, including needle exchange, outreach, individual and/or group level interventions, and HIV antibody testing.

Funding

The Division of Public Health has provided funding to prevent HIV infections among IDUs for a number of years. DPH funding for injection drug users has been provided to a number of agencies including the AIDS Network, the Aids Resource Center of Wisconsin, the United Migrant Opportunities Services (UMOS), La Casa de Esperanza, and the Sixteenth St. Community Health Center. The amount of funding has varied based on federal allocations but typically approximately $250,000 is available per year.

Year	DPH AIDS/HIV Funding for Services to IDUs
2001	$241,846
2002	$265,536
2003	$108,166
2004	$427,385*
2005	$249,257**

* The high figure in 2004 is an artifact of overlapping contract periods.

**$200,000 is allocated to ARCW.

Program Services

Historically these funds have been used to provide outreach; individual and group level interventions; prevention case management; counseling, testing, and referral (CTR); partner counseling and referral services (PCRS); and health communication /public information. More recently, they have also been used for needle exchange, which is funded with general purpose revenue (GPR) state funds as there is a ban on funding needle exchange with federal funds. In 2005, IDU-specific funding was only provided to AIDS Network and ARCW for needle exchange and individual level interventions. Several agencies statewide received funding for CTR and will provide testing for IDUs. In addition, ongoing PCRS efforts also reach IDUs. Because DDES is prohibited from using SAPT block grant (federal) funding for needle

exchange, the DPH funding provides a service that otherwise would not be available.

DPH Funded Services for IDU

Interventions Provided	2001	2002	2003	2004	2005
Needle Exchange				X	X
Outreach	X	X	X	X	X
Individual	X	X		X	X
Group	X	X		X	X
Prevention Case Mgt.	X	X	X		
Health communication/ public information	X	X			
CTR	X	X	X	X	X
PCRS	X	X	X	X	X

Harm Reduction

DPH and the Wisconsin HIV Prevention Community Planning Council support harm reduction efforts which are designed to meet clients "where they are at" and include needle exchange, outreach, group and individual level interventions, and HIV antibody testing. An excerpt from the 2005-2008 Wisconsin Comprehensive HIV Prevention Guide defines harm reduction:

> Harm reduction programs provide health education and risk reduction education to support incremental steps towards positive behavior change. Harm reduction programs treat individuals with dignity regardless of their behavior; programs meet the individual where they are and move at the pace of the individual. The operating principle is positive change, focusing on reinforcing positive behaviors, rather than highlighting negative behaviors. It does not mean supporting all behaviors, but a critical element is treating the person with dignity regardless of their behavior. Low entry barriers and a willingness to engage all people regardless of personal values are critical to this approach.

Program Outcomes

DPH collects process and outcome data from all funded agencies via a web-based reporting system. For IDUs reached through group level, individual level, and prevention case management, IDU participants are asked to complete a behavioral risk assessment tool (BRAT) to indicate needle sharing, drug use, and sexual risk behaviors. A portion of clients complete a second BRAT to determine change in behaviors over time.

In 2004, state-funded needle exchange services reached 4,653 individuals and exchanged nearly 400,000 syringes. In addition, outreach, needle exchange and counseling, testing and referral programs provided a substantial number of referrals to important services, more than 1000 referrals to each of AODA treatment and needle exchange and more than 2000 referrals to hepatitis C testing.

Interdivisional Coordination

Key areas for coordination between DPH and DDES related to services for injection drug users include technical assistance and training, AIDS testing, and case management.

Technical Assistance and Training

Several of the 10 counties receiving SAPT block grant funds for street outreach contract with Aids Service Organizations (ASOs) to provide outreach. Thus it is important that DPH and DDES provide consistent direction to these agencies related to practices for outreach. The DPH is a resource for provider education/training and for information on evidence-based practices to prevent IDU-related HIV infections. It also is a resource for information on effective practices in special areas such as cultural competency and service to special populations as well as health education. They can serve a role in communicating information provided by the CDC to local providers. As an example, DPH notes that the CDC brochure, "New Attitudes & Strategies, A Comprehensive Approach to Preventing Blood-Borne Infections Among IDUs," outlines best practices for services to IDUs. (Excerpts from this brochure selected by DPH and DPH-reported information on how the principles are currently being implemented in Wisconsin are included in the appendix to this report.)

AIDS Testing

DPH supports HIV testing in a variety of venues where people engaging in risk behaviors have been found, including AODA treatment facilities, short-stay correctional facilities, and health care facilities. DPH notes that their position is consistent with CDC policy described in Advancing HIV Prevention Initiative (2001). DPH has asked DDES AODA treatment providers to serve as testers for HIV. Difficulties associated with treatment providers assuming this role are that this responsibility and its associated role as "reporter" may take away resources from AODA treatment. Currently DPH-funded agencies provide HIV testing on a rotating basis in selected AODA treatment facilities in the state. DPH and DDES have met related to the Rapid HIV Testing Initiative being implemented by SAMHSA in fiscal year 2005. [20] DPH is following up to be sure that the IDU outreach workers in the 10 counties receiving the SAPT IDU allocation are aware of the rapid testing initiative.

HIV Case Management and Early Intervention

Federal regulations impact DPH and DDES efforts in supporting HIV case management services. Prior to 2003 DPH received $74,000 annually from the SAPT block grant to support HIV case management and early intervention services. These funds were distributed to AIDS Service Organizations. This funding was discontinued related to questions raised about this use of funds being consistent with federal SAPT block grant regulations.

Recommendations

DPH offers the following recommendations for optimizing coordination between DPH and DDES regarding services to injection drug users:

- Build on the existing collaboration to expand HIV testing in venues where IDUs are found, specifically in drug using venues (through street outreach), in drug treatment facilities, and in short-stay correctional facilities;

[20] A description of SAMHSA's Rapid HIV Testing Initiative can be found at: http://www.samhsa.gov/HIVHep/rhti_factsheet02.aspx

- Expand existing collaborations for utilizing training and technical assistance, such as CDC-sponsored trainings on effective interventions;

- In counties where SAPT funds are not sub-contracted to a local AIDS Service Organization or Community Based Organization, convene a meeting of SAPT fund staff, DDES and DPH staff, and where appropriate local ASO or Community Based Organization (CBO) staff to maximize opportunities for coordination.

Appendices

A. Program Requirements:

State County Contract Addendum

State of Wisconsin
Department of Health and Family Services
Division of Disability and Elder Services

State Copy _____
County Copy _____
County: 1
Profile 585

APPENDIX AF 2005 STATE AND COUNTY CONTRACT
FOR SOCIAL SERVICES AND COMMUNITY PROGRAMS

Appendix Title: Intravenous Drug Abuse Treatment

It is further understood and agreed by both parties through this attachment to the CY 2005 "State and County Contract Covering Social Services and Community Programs" that:

I. Additional Funds Provided/Period Covered

Additional funds in the amount identified in this contract are provided by the Department to the County for the period January 1, 2005 through December 31, 2005.

II. Purpose and Service Conditions on the Use of the Additional Funds

A. Scope of Services: These additional funds shall be used by the County for the following purposes and under the following service conditions:

These funds shall be used by the County for the operation of the programs specified in the approved grant application entitled: "Injection Drug Abuse Treatment"; the letter dated September 9, 1995; and in accordance with the purposes and conditions specified. Programs providing treatment for injection drug abuse must notify the State upon reaching 90 percent capacity. Also programs should ensure that, to the maximum extent practicable, each individual who requests and is in need of treatment for intravenous drug abuse be admitted to a program within 14 days after making such a request, or 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services are available to the individual not later than 48 hours after such request.

Funds may continue to be used to contract with appropriate programs serving this population to do outreach to Injection Drug Abusers in conjunction with a Memorandum Of Understanding (MOU) and agreed upon by the State.

B. Priority of Admission: The County shall offer priority admission either through immediate admission or priority placement on a waiting list to pregnant women. The County will provide interim services to pregnant women on a waiting list. If the County has insufficient capacity to provide interim services, the County will immediately notify the Department's contract administrator to coordinate these interim services.

C. Activities Allowed or Unallowed

l. Grant funds shall not be used to provide inpatient hospital services except when it is determined by a physician that: (a) the primary diagnosis of the individual is

substance abuse and the physician certifies this fact; (b) the individual cannot be safely treated in a community based non-hospital, residential treatment program; (c) the service can reasonably be expected to improve an individual's condition or level of functioning; and (d) the hospital based substance abuse program follows national standards of professional substance abuse practice. Additionally, the daily rate of payment provided to the hospital for providing the services to the individual cannot exceed the comparable daily rate provided for community based non-hospital residential programs of treatment for substance abuse and the grant may be expended for such services only to the extent that it is medically necessary (i.e., only for those days that the patient cannot be safely treated in a residential community based program) (42 USC 300x-31 (a) and (b); 45 CFR sections 96.135(a)(1) and (c)).

2. Grant funds may be used for loans from a revolving loan fund for provision of housing in which individuals recovering from alcohol and drug abuse may reside in groups. Individual loans may not exceed $4000 (45 CFR section 96.129).

3. Grant funds shall not be used to make cash payments to intended recipients of health services (42 USC 300x-31(a); 45 CFR section 96.135(a)(2)).

4. Grant funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility, or purchase major medical equipment. The Secretary may provide a waiver of the restriction for the construction of a new facility or rehabilitation of an existing facility, but not for land acquisition (42 USC 300x-31(a); 45 CFR sections 96.135(a)(3) and (d)).

5. Grant funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding (42 USC 300x-31(a); 45 CFR section 96.135(a)(4)).

6. Grant funds may not be used to provide financial assistance (i.e., a subgrant) to any entity other than a public or non-profit entity. A State is not precluded from entering into a procurement contract for services, since payments under such a contract are not financial assistance to the contractor (42 USC 300x-31(a); 45 CFR section 96.135 (a)(5)).

7. Grant funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (42 USC 300ee-5; 45 CFR section 96.135 (a)(6) and Pub. L. No. 106-113, section 505).

8. Grant funds may not be used to enforce State laws regarding sale of tobacco products to individuals under age of 18, except that grant funds may be expended from the primary prevention set-aside of Substance Abuse Prevention and Treatment Block Grant under 45 CFR section 96.124(b)(1) for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections (45 CFR section 96.130 (j)).

9. No funds provided directly from Substance Abuse Mental Health Services Administration or the relevant State or local government to organizations participating in applicable programs may be expended for inherently religious activities, such as worship, religious instruction, or proselytization (42 USC 300x-65 and 42 USC 290kk; 42 CFR section 54.4).

III. Fiscal Conditions on the Earnings of the Additional Funds

These additional funds are earned under the following conditions:

A. In accordance with your application goals and objectives and budget.

B. The Department shall apply these conditions in determining the close of the contract. The amount of a subsequent audit adjustment on the funds in this contract shall be based exclusively upon these conditions.

IV. Fiscal and Client Reporting on the Use of the Additional Funds

A. During the time period specified in I above and under the conditions outlined in II above.

B. Clients served by use of these funds shall be reported to the Department as on the Human Services Reporting System (fiscal and client utilization data).

C. Use of these funds shall be reported to the Department on the DMT Form 600 (Profile #585) and the DDE 942 and 943 Forms according to the schedule outlined in the State/County Contract.

D. Quarterly program and progress reports on each program goal and objective including fiscal reports on budget line items shall be submitted to the Bureau of Mental Health and Substance Abuse Services by April 30, July 30 and October 30 in a format provided by the Bureau of Mental Health and Substance Abuse Services (Form #DSL 389).

E. An annual program report must be submitted to the Bureau of Mental Health and Substance Abuse Services within 30 days after the calendar year of program operations in a format provided by the Bureau of Mental Health and Substance Abuse Services.

F. Failure to report these funds and the clients served by them as specified above may result in the loss of these funds by the County and their repayment by the County to the Department.

V. Payment Procedures

These funds shall be paid in accordance with the State and County Contract.

VI. Availability of Funds

The Department shall pay the County for the services it provides or purchases as set forth in this contract within the limits of funds appropriated.

Federal SAPT Block Grant Requirements

Wisconsin's federal block grant application for FFY 2004 and federal application instructions for FY 2005 were reviewed to identify requirements pertaining to the 10 IDU programs in the state. Requirements were identified in the following areas:

1. Assessment of Needs
2. Early Intervention for HIV
3. Primary Prevention
4. Program Capacity and Monitoring,
5. Outreach
6. Needle Exchange

Assessment of Needs

The federal SAPTBG requires that use of funds for IDU be based on an assessment of need. Goal 13 requires "An agreement to submit an assessment of the need for both treatment and

prevention in the State for authorized activities, both by locality and by the State in general." Wisconsin's SAPTBG application indicated that in CY 2000 there were a total of 5,674 Intravenous Drug Users (IVDUs) needing treatment in the state and that just 1,192 (21%) would seek treatment. These IVDUs were distributed by region as follows:

Region	IVDU Needing Treatment	IVDU Will Seek Treatment
Milwaukee	3,042 (54%)	639 (54%)
Southeastern	865	182
Southern	802	168
Western	299	63
Northern	198	42
Northeastern	468	98
State Total	**5,674**	**1,192**

Note: The SAPT block grant uses the term "Intravenous Drug Users" (IVDUs).

These data are provided based on the State Treatment Needs Assessment Program (STNAP). Wisconsin received two rounds of State Treatment Needs Assessment Program Grants which supported research to collect information from a household survey and subsequent prevalence estimates.

Wisconsin also contracts with UW Madison for studies to identify needs for substance abuse treatment and prevention. These include 3 studies that Wisconsin's SAPT block grant application for 2004 indicates are updated annually:

1. Off-Year Estimates of Substance Abuse Prevalence and Treatment Need
2. Annual Treatment Resource, Utilization and Capacity Analysis
3. Annual Composite Alcohol and Drug Indicators Study.

Wisconsin's SAPT block grant application explains funds will be allocated as follows:

> "The top priority is to maintain services in all counties of the state using the following formula weighting five factors: population (30%), minority population (15%), unemployment (10%), poverty (30%) and criminal justice clients (15%). Approximately half of block grant funds are allocated to counties using this formula. The remaining funds will be allocated based on priorities established at the Governor's Conference that resulted in legislation (Act 122) and subsequent legislation targeting services to underserved populations."

Early Intervention for HIV

States that have high rates of HIV infections (above a set cutoff of 10/100,000) are required to provide early intervention for HIV. Goal 6 of the SAPT requires "An agreement by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery."

The incidence of HIV in Wisconsin is not high enough for it to be considered a "designated state" for HIV prevention for purposes of the SAPT block grant. Wisconsin was only a designated state in 1995, and it does not currently use funds for HIV early intervention as defined by federal guidelines. Wisconsin's SAPTBG application for 2004 indicates that the state

will not spend any non-federal funds for HIV Early Intervention Services to substance abusers in treatment.

Although it is not a designated state, Wisconsin's SAPT block grant application does describe how it will provide for case management services for persons with an AODA and HIV infection dual diagnosis and prevention services for persons at risk for HIV infection. Wisconsin's grant application states that "through cooperative agreements, any substance abuser in need of early intervention services is referred to local area AIDS Service Organizations for such services. Referrals are routinely made for these services, and the Single State Agency reviews and evaluates the need for increased capacity building." The application further states (Attachment E) that "if the HIV status is known at the time of entry into the substance abuse program, this should be taken into consideration."

One of the Wisconsin's SAPT block grant objectives under the federal goal of primary prevention also specifically focuses on IDU.

Primary Prevention

The SAPT block grant defines primary prevention as including "activities directed at individuals who do not require treatment for substance abuse. Such activities may include education, counseling, and other activities designed to reduce the risk of substance abuse by individuals. Early intervention activities are not included as part of primary prevention." [21]

Federal Goal 2 requires "An agreement to spend no less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies." Wisconsin's Objective 3.4 of Goal 2 is to "Support HIV prevention education services targeted towards substance abusers and their sexual and/or needle sharing partners living in the Milwaukee, Wisconsin area."

Wisconsin's application report on progress for FFY 2003 indicates that three agencies provided prevention education services targeting substance abusers and their sexual and needle-sharing partners. These include United Migrant Services (UMOS) in Milwaukee, La Casa de Esperanza in Waukesha and the AIDS Resource Center of Wisconsin (ARCW) in Milwaukee. Activities included outreach and individual and group level interventions, including HIV antibody counseling and testing services. Funding for these agencies is from the Division of Public Health.

Program Capacity/Monitoring

SAPT block grant Goal 4 requires "An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements." Wisconsin's FFY 2004 SAPT block grant application states that programs are reviewed "through submission of monthly contract reports and quarterly summary reports on outreach activity." "No notifications were received in FFYs 2000 or 2001 of capacity problems." Thus since none of the programs reached the 90% capacity trigger, it is assumed that programs did not experience wait times greater than 14 days.

[21] Final Uniform Application FY 2005 Substance Abuse Prevention and Treatment Block Grant, page 26.

Outreach

Wisconsin's SAPT block grant application indicates that the funding provided for street outreach to injection drug users and their sexual partners delivers prevention information on HIV disease as well as other sexual and communicable diseases. Wisconsin's SAPT block grant application notes that goals of street outreach are:

1. To increase access through direct referral to substance abuse treatment for those IDUs not currently involved in the treatment system.
2. To reduce the number of persons acquiring HIV disease as a result of needle sharing behaviors.
3. To strengthen and/or establish linkages between local public health agencies, AIDS Service Organizations, Human Services Boards, social service agencies and treatment programs in order to improve services to reduce risk of HIV disease among IDUs.

Needle Exchange

One of the federal goals that states must address in their application for SAPTBG funds requires "An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs." Wisconsin's SAPT block grant application notes that state and county contracts include the prohibition against the use of funds for hypodermic needles or syringes.

B. Letter to Counties to Verify HSRS Data

John Doe
AODA Agency
123 Main St.
Anytown, WI 53000

Dear Mr. Doe:

As a result of the state's budget deficit, the Department is evaluating several of its programs. Your agency's IV Drug Use Street Outreach program grant is one of the programs being evaluated. The purpose of the evaluation is to determine the effectiveness of the program by examining relevant data on the services provided and outcomes for participants. We need your help in counting the number of IV drug use street outreach clients who received treatment services under the grant.

Attached is a set of tables produced using Human Services Reporting System (HSRS) data from your county. Each table of HSRS data contains a count of services provided to either IV drug users (Needle Use) or persons with a referral from an IV Drug Outreach Worker. There is a separate table for calendar year 2001, 2002, and 2003. There is also a set of tables indicating the services received by these clients.

We are asking that you look over the data for your county and either approve it as is or provide us with corrected numbers of persons receiving treatment under the IV Drug Use Street Outreach program. If you are submitting corrected numbers, you must also either provide us with the HSRS episode numbers or the source of the corrected numbers (e.g. in-house log, database, files, etc.). Questions about the HSRS data tables should be directed to Mike Quirke (quirkma@dhfs.state.wi.us or 608-266-7584).

Please send your reply by January 31, 2005 to:

Paul Mitchell
Office of Strategic Finance
1 W. Wilson St
P.O. Box 7850
Madison, WI 53707

Because we need to complete our report by mid March we will only be able to include information we receive from you by January 31st. Thank you for your cooperation.

C. County Responses to Questionnaire

In order to understand how program counties use their IV drug abuse treatment funds and the impact of services funded with these dollars, we sent out a survey questionnaire that was designed to obtain some descriptive information about their programs. These questions are listed below along with a summary of their responses to them.

A county's total funding allocation for Injection Drug Use Street Outreach and Treatment in 2004 was included in our cover letter and separated by funds for outreach and for treatment. The counties of Eau Claire and La Crosse received IV drug abuse funds only to support outreach efforts.

Letter to Counties February 8, 2006

Subject: Injection Drug Abuse Street Outreach Program

Dear _____:

This office recently sent you a letter, requesting that you review, and confirm or update, data from the Human Services Reporting System (HSRS) for your county IV Drug Use Street Outreach program. As described in our previous letter, this department is reviewing several of its programs, including the Street Outreach Program. If you have replied to our previous letter, or are in the process of doing so, I wish to thank you for your help, and request some additional information.

In order to understand how your program uses these funds and the impact of services funded with these dollars, we would like to obtain some descriptive information about your program. A set of questions is listed below. Answering these questions is voluntary on your part, but we hope that you will take the time to do so, as any information you can provide us will be helpful.

Note that we are more interested in learning what you do with these funds and what impact they have in your county, than in the format or formality of your response. Sending a response to these questions by e-mail would probably be quickest. If you have a written description of your IV drug outreach program that was prepared for some other purpose, such as an annual report or a presentation to your county board, you may send us a copy of that. If you wish, you may also send relevant supporting materials. We would be especially interested in seeing a summary or description of any recent evaluation studies of IV drug services that your county may have conducted.

____ County received an allocation of $_____ for Injection Drug Use Street Outreach in 2004. Although your county did not receive treatment funds, we are interested in how you pay for treatment for IV drug users, and have included several questions about this. Questions relating to outreach and treatment are listed separately.

STREET OUTREACH FUNDS

1. What is the target population for your Street Outreach Program?

2. What are the major goals of your Street Outreach program?

3. a) Please list all outreach activities (e.g. jail liaison/coordinator, distribution of informational materials, etc.) that your county provides with these funds.

b) Does your county contract/subcontract any outreach activities? If yes, what is the name of the agency providing each (sub) contracted activity?

4. a) Does your county supplement the outreach allocation with other funds?
___Yes ___No
b) If yes, what was the amount and source(s) of other funding available for outreach in 2004?

5. a) Is your Street Outreach program based on any model program or evidence-based practices? b) If yes, what is the name of the model your program is based on? If no, how has your county determined what outreach approaches to use?

6. What benchmarks or outcomes do you use to evaluate the effectiveness of your Street Outreach program?

7. Using the measures described in Question 6 or any other information your county gathers, including any evaluation studies your county has conducted, how well is your program achieving its outreach goals?

INJECTION DRUG USE TREATMENT FUNDING

8. How many IV drug users received treatment services in your county in 2004?

9. How much did your county spend on treatment of IV drug users in 2004?

10. What were the sources of funding for treatment of IV drug users in your county?

##########

Please direct any questions you may have on this process or content to me at 608/266-6657 or MitchPJ@dhfs.state.wi.us . Please send your reply by February 14, 2005 to the above e-mail address, or to the following address:

Paul Mitchell
Room 639, Office of Strategic Finance
1 W. Wilson St
P.O. Box 7850
Madison, WI 53707-7850

Thank you for your cooperation, and for your prompt reply to our request.

Letter to Counties Receiving Treatment and Outreach Funds

February 8, 2006ME \@ "MMMM d, yyyy" |June 22, 2005**}**

Subject: Injection Drug Abuse Street Outreach and Treatment Program

Dear _____:

This office recently sent you a letter, requesting that you review, and confirm or update, data from the Human Services Reporting System (HSRS) for your county IV Drug Use Street Outreach program. As described in our previous letter, this department is reviewing several of its programs, including the Street Outreach Program. If you have replied to our previous letter, or are in the process of doing so, I wish to thank you for your help, and request some additional information.

In order to understand how your program uses these outreach and treatment funds, and the impact of services funded with these dollars, we would like to obtain some descriptive information about your program. A set of questions is listed below. Answering these questions is voluntary on your part, but we hope that you will take the time to do so, as any information you can provide us will be helpful.

Note that we are more interested in learning what you do with these funds and what impact they have in your county, than in the format or formality of your response. Sending a response to these questions by e-mail would probably be quickest. If you have a written description of your IV drug outreach/treatment program that was prepared for some other purpose, such as an annual report or a presentation to your county board, you may send us a copy of that. If you wish, you may also send relevant supporting materials. We would be especially interested in seeing a summary or description of any recent evaluation studies of IV drug services that your county may have conducted.

_____County received a total allocation of $_____ for Injection Drug Use Street Outreach and Treatment in 2004 -- this included $_____for outreach and $_____for treatment. Questions relating to the outreach and treatment allocations are listed separately.

STREET OUTREACH FUNDS

1. What is the target population for your Street Outreach Program?

2. What are the major goals of your Street Outreach program?

3. a) Please list all outreach activities (e.g. jail liaison/coordinator, distribution of informational materials, etc.) that your county provides with these funds.
   b) Does your county contract/subcontract any outreach activities? If yes, what is the name of the agency providing each (sub) contracted activity?

4. a) Does your county supplement the outreach allocation with other funds?
   ____Yes ____No
   b) If yes, what was the amount and source(s) of other funding available for outreach in 2004?

5. a) Is your Street Outreach program based on any model program or evidence-based practices? b) If yes, what is the name of the model your program is based on? If no, how has your county determined what outreach approaches to use?

6. What benchmarks or outcomes do you use to evaluate the effectiveness of your Street

Outreach program?

7. Using the measures described in Question 6 or any other information your county gathers, including any evaluation studies your county has conducted, how well is your program achieving its outreach goals?

INJECTION DRUG USE TREATMENT FUNDS

8. a) What target population is served with the treatment allocation in your county?
   b) Do some individuals or populations (e.g. pregnant women) have priority for treatment?
   c) Are the treatment funds used only for injection drug users, or is any of it used for other, non-IV AODA clients as needed?

9. What are the major goals of your injection drug treatment program?

10. a) Please list all the treatment-related services (e.g., detoxification, methadone maintenance, group counseling, etc.) that your county provides with these funds.
    b) Does your county contract/subcontract for treatment? If yes, what is the name of the agency providing each (sub) contracted treatment or service?

11. a) Does your county supplement the treatment allocation with other funds? ___Yes ___No
    b) If yes, what was the amount and source(s) of other funding available for treatment in 2004?

12. a) Is your injection drug treatment program based on any model program or evidence-based practices? b) If yes, what is the name of the model your program is based on? If no, how has your county determined what treatments or services to use?

13. What benchmarks or outcomes do you use to evaluate the effectiveness of your injection drug treatment program?

14. Using the measures you described in Question 13 or any other information your county gathers, including any evaluation studies your county has conducted, how well is your program achieving its treatment goals?

15. Do you conduct any follow up or attempt to contact clients after they are discharged from treatment? If so, what type(s) of follow up do you do? Examples might include a mail questionnaire, a telephone survey or other telephone contacts, or aftercare program/services.

##########

Please direct any questions you may have on this process or content to me at 608/266-6657 or MitchPJ@dhfs.state.wi.us . Please send your reply by February 14, 2005 to the above e-mail address, or to the following address:

Paul Mitchell
Room 639, Office of Strategic Finance
1 W. Wilson St
P.O. Box 7850
Madison, WI 53707-7850

Thank you for your cooperation, and for your prompt reply to our request.

Summary of County Narrative Responses to Questionnaire

Outreach

Goals for IDU Outreach, Identified in a Survey of Counties Receiving Outreach Allocations	Goals related to substance abuse	Goals related to infectious disease	Other goals
Dane County			
To reduce or eliminate the spread of HIV/STI/AIDS through needle sharing and sexual activity by IV drug users, through the reduction of the incidence of injection drug use and the education of IV drug users about HIV/STI/AIDS.	X	X	
To improve this population's access to HIV/STI/AIDS testing and prevention counseling as well as ensuring a coordinated, comprehensive continuum of treatment and services for persons at highest risk to decrease the risk of transmission.	X	X	
Eau Claire County			
To increase access, through facilitated referrals, of injection drug users and other drug users into treatment.	X		
To conduct contacts with IDUs, other drug users, spouses and partners, educating them about the risks associated with drug use, HIV, HCV, and opportunities to reduce risk to themselves and others.		X	
To conduct 60 HIV and 60 hepatitis C (HCV) tests of IDUs, other drug users, their spouses and partners and provide referrals for necessary medical treatment.		X	
Kenosha County			
To respond to individuals in crisis who are at high risk of contacting or transmitting HIV/AIDS and other STDs as a result of their alcohol/drug abusive behavior and/or serious mental illness			
To educate/teach prevention regarding STD & HIV/AIDS transmission to those at high risk.		X	
To make sure they are tested for appropriate communicable diseases, including hepatitis B & C.		X	
To refer to Adult Crisis.	X		
La Crosse County			
To educate high to moderate risk individuals regarding the correlation of IDU and HIV/AIDS and sexually transmitted infections issues. We also provide HIV counseling and testing referral, provide risk reduction materials and decrease risk behaviors that put one at risk for HIV/AIDS, STDs or hepatitis C.		X	
To have all individuals receiving HIV testing and counseling complete a Behavioral Risk Assessment Tool (BRAT).		X	
Milwaukee County			
To facilitate treatment referrals for 150 injection drug users annually.	X		
To provide awareness of HIV and hepatitis C transmission modes.		X	
To provide street outreach services for 12,000 injection and other drug users annually.	X		

To provide general information on available AODA treatment, HIV and HCV counseling & testing, preventing fatal overdose, and referral to other services including: food, shelter, clothing and employment services.	X	X	X
Racine County			
To reduce the spread of HIV/AIDS among injection drug users, their sexual partners, and infants.		X	
To identify and contact target populations.			X
To provide IV drug abusers not in treatment with AIDS prevention information, risk reduction counseling, and referral to substance abuse treatment.	X	X	
Rock County			
To identify and contact at-risk individuals in the minority population, including known IV drug users and/or partners and identified "sex workers."			
To provide these individuals with information about HIV, educate them with regard to precautions and safety, increase awareness of HIV treatment options and the availability of AODA treatment services in the community.	X	X	
Walworth County			
To identify persons in the corrections system that are or have been IV Drug users and to offer intervention and treatment services to those individuals as needed.	X		
Waukesha County			
To provide information, counseling and referral regarding the negative impact of needle usage and its health risks.		X	
Totals	10	14	2

Treatment Programs

Counties receiving IV Drug Abuse Treatment funds from DHFS/DDES:
Brown, Dane, Kenosha, Milwaukee, Racine, Rock, Walworth, Waukesha

1. Primary Target Populations for Treatment

a) What target population is served with the treatment allocation in your county?
b) Do some individuals or populations (e.g. pregnant women) have priority for treatment?
c) Are the treatment funds used only for injection drug users, or is any of it used for other, non-IV AODA clients as needed?

Target Populations for IDU Treatment, Identified in a Survey of Counties Receiving Treatment Allocations	Population related to substance abuse	Population related to infectious disease	Other Populations
Brown County			
IV funds are targeted exclusively to IV drug users. Pregnant women have priority access to treatment whether in the area of IV drug use or other.	X		X
Dane County			
Adults 18 years & older who reside in Dane County & have a history of intravenous injection of non-prescription, illicit drugs within the past 10 years. IV Drug Program funds for treatment is restricted to IV drug abusers who are not eligible for any entitlement program or private health insurance.	X		
Priority for treatment services is given to persons with HIV and/or other serious health problems and women, particularly pregnant women and/or women with children.		X	
Priority also is given to clients who are involved in the criminal justice system and enrolled in the Treatment Alternative Program (TAP), Drug Court Treatment Program (DCTP), and Intoxicated Driver Program (IDP).			X
Kenosha County			
Persons in crisis as a result of their MH/ alcohol-drug abuse, who are at high risk of contracting/transmitting HIV/AIDS, especially pregnant women.		X	
IV drug use is not an absolute requirement to access treatment funds if the severity of abuse and risk of sexual behavior make it reasonably likely the individual has or could contract/transmit HIV/AIDS.			X
Milwaukee County			
IV drug users with priority treatment for pregnant women and special focus given to women and children, and families with children.	X		
Racine County			
Treatment funds used only for IV drug users with priority pregnant women.	X		
Any adult with drug issues.		X	
Rock County			
IV drug users of all ages with priority for pregnant women.	X		
Walworth County			
Individuals who have failed regular or intensive outpatient treatment efforts.			X
Waukesha County			
IV drug users with priority for women and pregnant women.	X		
Totals	**6**	**3**	**4**

2. Primary Treatment Goals

What are the major goals of your injection drug treatment program?

Goals for IDU Treatment, Identified in a Survey of Counties Receiving Treatment Allocations	Goals related to substance abuse	Goals related to infectious disease	Other Goals
Brown County			
Abstinence based support, harm reduction, and detoxification services	X		
Dane County			
Reduce or eliminate the spread of HIV/STI/AIDS by reducing or eliminating the incidence of injection drug use of individuals.		X	
Kenosha County			
Reduce/eliminate alcohol/drug abuse behavior, stabilize the mental health condition and reduce sexually risky behavior by engaging target populations in crisis intervention/ assessment/treatment.		X	
Milwaukee County			
To decrease substance using/abusing behaviors of IDUs, sex industry workers, homeless persons, gay and bisexual men, and the sexual partners of these groups.	X		
Racine County			
Be chemically free and involved in vocational programs.	X		
Rock County			
To ensure that current or past users of IV drugs have ready access to contracted AODA services including IDP clients.	X		
Walworth County			
To get the user in to active treatment and to achieve remission in IV Drug use	X		
Waukesha County			
To provide timely and effective treatment to reduce or eliminate usage.	X		
Totals	**6**	**2**	

3. Treatment-Related Services & Subcontractors

a) Please list all the treatment-related services (e.g., detoxification, methadone maintenance, group counseling, etc.) that your county provides with these funds.

Services Related to IDU Treatment, Identified in a Survey of Counties Receiving Treatment Allocations	Services related to substance abuse	Services related to infectious disease	Other Services
Brown County			
Detoxification, individual and group counseling, inpatient treatment, and methadone maintenance are provided.	X		
Dane County			
Day Treatment/Intensive Outpatient/Case Management-general population & jail diversion; Group Treatment for Anger Management; AODA Residential Treatment-general & jail diversion; Day Treatment, Residential Treatment, Medical and Social Detoxification, Community Intervention Team.	X		
Kenosha County			
Short term residential crisis stabilization at KARE (Kenosha Adult Residential Emergency) Center, assessment and referral as necessary, detoxification, psychiatric evaluation, medication management, outpatient counseling (group and individual), promotion of and initiation into local self help programs.	X		
Milwaukee County			
Detoxification, case management/care coordination, day treatment, outpatient treatment, methadone maintenance, residential treatment (CBRF), urinalysis, medication monitoring, AODA education, mental health services.	X		X
Racine County			
Residential treatment and outpatient counseling	X		
Rock County			
Medically monitored detoxification, residential care, outpatient group and individual care, and U.A.s.	X		
Walworth County			
Detoxification at contracted facilities; Methadone program- referrals to Milwaukee County; individual and group counseling- contract with ARO Counseling; residential treatment- Alcohab Inc. - Janesville	X		
Waukesha County			
Outpatient individual and group; residential; halfway house; intensive outpatient; detoxification; inpatient when applicable.	X		

b) Does your county contract/subcontract for treatment? If yes, what is the name of the agency providing each (sub) contracted treatment or service?

Summary: All eight (8) counties contract/subcontract with other agencies for treatment services.

IDU Treatment Subcontractors, Identified in a Survey of Counties Receiving Treatment Allocations	Subcontractors? **Yes**	Subcontractors? **No**
Brown County		
Most direct services are subcontracted with department staff serving as case managers. Contract agencies include the Green Bay based Jackie Nitschke Center, Tellurian, Quality Addiction Management, and NOVA. Detoxification services are provided at the Brown County Mental Health Center.	X	
Dane County		
ARC Community Services-Center for Women/Children; ARC Community Services-TAP Program; ATTIC Correctional Services-TAP Program; Family Services Alternative to Aggression; Hope Haven-Rebos; Mental Health Center of Dane County; Tellurian UCAN.	X	
Kenosha County		
DDS contracts for all services, treatment included, from the following providers: Bell Therapy, Brotoloc Health Care System, Kenosha Co. Division of Health, Kenosha Human Development Services, Inc. – Community Intervention Center, Matthews Adult Family Home, Oakwood Clinical Associates, and Walgreen's (WHP).	X	
Milwaukee County		
A portion of these funds supports BHD's current Purchase Service Contract with Genesis Detoxification. The majority of the AODA treatment services in Milwaukee County are provided on a fee-for-service system. The funds are therefore disbursed on the basis of services rendered by each agency. On a yearly basis the Behavioral Health Division enters into Purchase Service Agreements with providers who respond to the County's annual Request For Proposal process (28 providers for 2005)	X	
Racine County		
Genesis Behavioral Services and Racine Psychological Services	X	
Rock County		
Rock County contracts for all AODA treatment services. Medically monitored detoxification services are provided in Janesville via contract with Tellurian UCAN, Inc. Residential primary and secondary care is provided by Alcohab in Janesville and Tellurian UCAN, Inc. in Madison Outpatient AODA services are provided by the following contracted providers: Crossroads Counseling Center, Mercy Options, Janesville Psychiatric Clinic, Lutheran Social Services, Rock Valley Community Programs (TAP), Beloit Counseling Care Center and Beloit Inner City Council.	X	
Walworth County		
Aurora Lakeland Medical Center, Rogers Memorial Hospital, Tellurian Center- Madison, Alcohab Inc. – Janesville, ARO Counseling – Elkhorn	X	

Waukesha County		
Waukesha Memorial Health Systems, Lutheran Social Services, Aro Counseling, Cornerstone Counseling, Rogers Hospital, Social Rehabilitation Services and Beacon House.	X	
Totals	**8**	

4. Supplemental Funding

a) Does your county supplement the treatment allocation with other funds? ___Yes __No
b) If yes, what was the amount and source(s) of other funding available for treatment in 2004?

Summary: Two (2) counties responded that they don't supplement their treatment allocation with other funds while six (6) responded that they do supplement with other resources.

Supplemental Funding for IDU Treatment Services, Identified in a Survey of Counties Receiving Treatment Allocations	Supplemental Funds? **Yes**	Supplemental Funds? **No**	Other
Brown County			
No		X	
Dane County			
Yes. Since Dane County's AODA client information system collects client-specific information at the beginning and termination of each new treatment episode, it is likely that the County is providing additional treatment funding for individuals who have engaged in intravenous drug use within the past 10 years. Also, client-specific information on AODA routes of administration is also reported with each new treatment episode. Contract treatment agencies generally estimate that 5-10% of their active clients are IV drug users, and that the percentage would be 20-30% if reporting those clients who had used intravenous drug injection in the past 5-10 years.	X		
Kenosha County			
Yes. The treatment funding of $1,029,044 for 2004 is an integrated mix of community aids, county tax levy, county overmatch, AODA block funds and Medicaid crisis stabilization funds that supports core crisis intervention and treatment capacities. Though IDU dollars are "categorical." the county views them as funds to support our basic mission of furnishing information/assistance, crisis intervention and treatment to the county's mental health and AODA population.	X		
La Crosse County (No Separate State IV Drug Allocation)			
Estimates of about 10% or approximately 90 persons who seek assessment or funding from the County have used drugs intravenously. Using the same estimate of 10%, the County has spent approximately $103,700 for treatment for IV drug abusers during CY 2004. This includes all levels of care including detoxification, outpatient, residential and			X

inpatient care. This does not include Methadone treatment, which is available in the County, but is funded by consumers' self pay. Funding sources for treatment services listed above include the AODA Block Grant, Medicaid, private insurance, self-pay (co-payments), and County Levy.			
Milwaukee County			
Yes. All other funding sources (such as TANF, AODA Block Grant, IDP, Federal Grants and Tax Levy) are available to IDU clients.	X		
Racine County			
Yes. $374,851 AODA block grant and Basic County Allocation	X		
Rock County			
No. County funds are not budgeted for AODA treatment. However, funds are available through the General AODA block Grant ($206,293), IDP Assessment fees and court imposed fines, including IDP Supplemental Funds, ($146,080) Hospital-IDP Grant, and IV-Drug Grant.		X	
Walworth County			
Yes. Historically the full amount of the allocation for treatment was spent and frequently AODA block Grant funds were also used to cover expenses beyond the IV Drug amount. Periodically County funds were also applied to expenses.	X		
Waukesha County			
Yes. $ 84,872 – Combination of community aids and county dollars.	X		
Totals	**6**	**2**	**1**

5. Evidence-Based Treatment

a) Is your injection drug treatment program based on any model program or evidence-based practices?
b) b) If yes, what is the name of the model your program is based on? If no, how has your county determined what treatments or services to use?

Summary: One (1) county responded that their IV drug treatment program was based on a model or evidence-based practices while seven (7) counties indicated that they did not, but five (5) of the seven (7) counties either relied on what their various vendors employed or that they used regular AODA treatments.

IDU Evidence-Based Treatment Practices, Identified in a Survey of Eight Counties Receiving Treatment Allocations	Evidence Based Practices? **Yes**	Evidence Based Practices? **No**	Other AODA Practices
Brown County			
No. County has contracted with ZiaLogic, Inc., a professional corporation that provides strategic consultation and support for behavioral health systems development to assist in the development of reliable outcome measures and implementation of evidence based practices.		X	
Dane County			
Yes. All substance abuse treatment providers funded under contract by Dane County Human Services with Intravenous Drug Outreach and treatment funds use evidence-based, best practice approaches. The federal Substance Abuse Administration (SAMHSA) and the State of Wisconsin Bureau of Mental Health and Substance Abuse Services (BMHSAS) identify these in their programs. In addition, the providers' core values underlying substance abuse services is consistent with the core values promoted by SAMHSA and BMHSAS.	X		X
Kenosha County			
No. An IDU specific model is not used. Treatment agencies must have appropriate professional credentials and program certification(s). Use the Uniform Placement Criteria (UPC) for persons with primarily AODA problems. Starting to use the Mental Health Functional Screen for persons with probable serious mental illness.		X	X
Milwaukee County			
No. Various vendors who employ different treatment approaches provide IV drug treatment services.		X	X
Racine County			
No. Since county sees so few IDU s, their programs are not geared just to them. Rather, regular AODA treatments are used.		X	X
Rock County			
No. Authorized level of care is based on history, interviews and/or Uniform Placement Criteria (U.P.C).		X	
Walworth County			
No. Each individual case is looked at through Chapter 75 licensing criteria and the uniform placement criteria protocol to determine the level of intervention. We use a number of vendors to provide the indicated intervention and different treatment modalities may be indicated specific to the client's characteristics and needs. If indicated a "Harm Reduction" model or the "Minnesota Medical Model" is sometimes used.		X	
Waukesha County			
No. HFS 75 AODA Services and the Uniform Placement Criteria Protocol		X	X
Totals	**1**	**7**	**5**

6. Treatment Benchmarks or Outcomes

What benchmarks or outcomes do you use to evaluate the effectiveness of your injection drug treatment program?

Summary: Three (3) counties responded that they use specific benchmarks or outcomes to evaluate the effectiveness of their IV drug program while five (5) responded that they do not use benchmarks or outcomes.

IDU Treatment Benchmarks or Outcomes, Identified in a Survey of Counties Receiving Treatment Allocations	Benchmarks/ Outcomes **Yes**	Benchmarks/ Outcomes **No**	Other Approaches
Brown County			
No. County has contracted with ZiaLogic, Inc., a professional corporation that provides strategic consultation and support for behavioral health systems development to assist in the development of reliable outcome measures and implementation of evidence based practices.		X	
Dane County			
Yes. County uses information from several data sources to evaluate the effectiveness of IV Drug treatment services that includes the following: a) HSRS reporting data on all clients beginning and terminating substance abuse treatment service episodes, including expanded AODA module data reporting b) DCDHS report of performance measures and treatment agency evaluation reports as provided by the agencies.	X		
Kenosha County			
No. County does not employ IDU specific benchmarks, but defers to outcomes employed in the individualized treatment plans, be they outpatient, medical detoxification, residential or crisis stabilization. Self reports of improvement, symptom abatement, reduced drug use, program completion, employment, stable living arrangements, reduced incarceration, etc, are commonly employed bench marks.		X	
Milwaukee County			
No. Outcomes were not collected for this population in 2004. The County is in the process of developing a comprehensive evaluation plan for the AODA system in 2005.		X	
Racine County			
Yes. **For residential treatment:** Program completion, attainment of treatment goals. Pct. of clients having family and/or significant others involved in their treatment. Pct. completing treatment that enroll/are referred to vocational training, school, or that are employed. Pct. of clients completing treatment that continues in an	X		

aftercare component (i.e., transitional house, outpatient counseling, 12-step groups, etc.). **For outpatient counseling:** Treatment completion, drug-free at discharge. Pct. meeting all their treatment goals.			
Rock County			
No. Outcomes that relate specifically to the I.V. Drug using population are not measured.		X	
Walworth County			
No. Benchmarks specific to IV Drugs are not used. Individuals in Treatment are tracked and data is gathered. Basic Treatment and recidivism tracking is done for all client groups		X	
Waukesha County			
Yes. HSRS AODA module information and treatment failure rate.	X		
Totals	**3**	**5**	

7. Treatment Effectiveness

How well is your program achieving its treatment goals?

Summary: Two (2) counties responded that they are not achieving their treatment goals well, one (1) county wasn't sure while five (5) counties responded that they were doing well in achieving their treatment goals.

IDU Treatment Effectiveness, Identified in a Survey of Counties Receiving Treatment Allocations	Well	Not Well	Other/Not Sure
Brown County			
Not Well. County has contracted with ZiaLogic, Inc., a professional corporation that provides strategic consultation and support for behavioral health systems development to assist in the development of reliable outcome measures and implementation of evidence based practices.		X	
Dane County			
Well. County purchase of service agreements with service providers includes performance measures for each program. Agencies report client services on a monthly basis, overall progress on a quarterly basis and final outcomes on an annual basis. The Planning & Evaluation Unit of DCDHS monitors performance measures and provides reports to contract managers and to department administration on a variety of measures. These reports contain a brief description of the agency program/services and performance measures. The measures include numbers of persons served, service units provided, service costs, participant demographic and outcomes. Outcome elements include program completion numbers and percentages, AODA usage during two weeks prior to discharge, employment status and family/marital/personal relationship status. Data for 2002 and 2003 generally	X		

shows that treatment providers meet or exceed their required contract levels and that successful outcome completion rates range from 60-70% for outpatient treatment, 40-60% for day treatment and 40-80% for residential treatment. Providers establish individualized comprehensive treatment plans for each client based on a comprehensive assessment. Treatment levels and methods employed are consistent with the Wisconsin Uniform Placement Criteria (UPC) and/or the American Society of Addiction Medicine (ASAM) criteria as required by state licensing and program certification standards. Clients are evaluated at the time of discharge on progress they have made towards meeting their treatment goals. Overall, client successful completion rates across agencies and programs show outpatient treatment at between 65-70%, day treatment at 40-60% and residential treatment at between 40-80%. Clients who complete their treatment period are from 50-150% more successful in achieving individual treatment goals as opposed to those who do not complete treatment.			
Kenosha County			
Well. Due to resource/personnel restrictions, we have not formally evaluated our IDU Program. Our primary provider of out-patient counseling services, Oakwood Clinical Associates, reports the following for all DDS referrals: "Of 253 patients treated in 2003, 221 were discharged and 32 are continuing treatment. Of those discharged, 131 patients successfully completed treatment, 79 failed to complete treatment (non-compliant discharge) and 11 failed to maintain funding requirements (other discharges)" Oakwood's 2003 Annual Report to DDS. The 59% successful completions include IDU referrals as well as other County clients. For a public sector clientele, a 59% completion rate appears to be rather acceptable.	X		
Milwaukee County			
Not Well. The County is in the process of developing a comprehensive evaluation plan for the AODA system in 2005.		X	
Racine County			
Well. Evaluation Outcomes Achievements as of August 2004: Residential Treatment 1. 66% of all admissions successfully completed the program and were chemically free. 2. 100% of the clients successfully completed the program and met all their treatment goals. 3. 34% of the clients had family and/or significant others involved in their treatment. 4. 100% of all clients completed treatment and were enrolled in or referred to vocational training, school or employed. 5. 32% of all clients completed the program and continued in an aftercare component (i.e. transitional house, outpatient counseling, 12 step groups, etc.). Outpatient Counseling 1. At a minimum, 55-70% of all admissions successfully completed treatment and were alcohol and drug-free at	X		

discharge. 2. 100% of the clients served who successfully completed the program had met all of their treatment goals.			
Rock County			
Not Sure. Outcomes for funded AODA clients are evaluated using AODA HSRS data. The two outcomes selected are: (1) Percent of IDP clients who are employed at time of discharge and (2) Percent of IDP clients with positive interpersonal relationships at time of discharge.			X
Walworth County			
Well. County is satisfied.	X		
Waukesha County			
Well. HSRS data show high rate of treatment completion and reduction of needle usage	X		
Totals	**5**	**2**	**1**

8. Follow up After Treatment

Do you conduct any follow up or attempt to contact clients after they are discharged from treatment? If so, what type(s) of follow up do you do?

Summary: Five (5) counties responded that they do not do any follow-up or attempt to contact clients while three (3) counties responded that they do.

IDU Follow Up After Treatment, Identified in a Survey of Counties Receiving Treatment Allocations	Yes	No	Other
Brown County			
Yes. Aftercare services are provided on an as needed basis.	X		
Dane County			
No. Treatment agencies have generally done limited follow-up with clients after treatment due to limited staff time available to conduct follow-up activities, difficulties tracking the location of clients, concerns with confidentiality regarding post-treatment contacts and the limited responses received when follow up methods were used. For IV drug users receiving treatment services in the Dane County jail diversion programs (TAP, DCTP) jail recidivism data is tracked over time, but not specifically treatment outcome data. The results are that nearly 70% of DCTP clients and nearly 65% of the TAP clients do not recidivate.		X	
Kenosha County			
No. Due to personnel and resource restraints, we do not conduct post service follow-up.		X	
Milwaukee County			
No. Not at this time.		X	
Racine County			
Yes. If client has a case manager, there are phone contacts and referrals to other programs.	X		
Rock County			
None.		X	

Walworth County			
Yes. County mails a “client satisfaction” survey to all treatment clients at the time they close out clinical services.	X		
Waukesha County			
No. County has insufficient resources		X	
Totals	**3**	**5**	

D. Implementation of CDC Best Practice Guidelines

The CDC brochure, "New Attitudes & Strategies, A Comprehensive Approach to Preventing Blood-Borne Infections, Among IDUs" http://www.cdc.gov/idu/idu.htm outlines best practices for services to IDUs. The regular text below is the language, verbatim, from the brochure; the boxed text summarizes the services provided by DPH, DDES, and other collaborators.. The brochure outlines issues and solutions for working with IDUs. It summarizes the following principles and identifies strategies. Boxed text is description of implementation in Wisconsin provided by DPH.

THE PRINCIPLES

Ensure coordination and collaboration. No single provider or institution can or does deliver all required services to IDUs, their sex partners, and their children. Coordination and collaboration are essential. Providers must work together, sharing their various expertise and outlooks, recognizing and overcoming their philosophical differences, building on existing relationships, and reaching out to groups with whom they may not have worked before.

Ensure coverage, access, and quality. Interventions will not be effective if they do not reach a critical mass of people, if IDUs cannot or will not use them, or if they are of poor quality. If they hope to truly reach and work with IDUs, agencies and providers must consider ways to effectively deal with these issues as they plan, deliver, and monitor programs and services.

Recognize and overcome stigma. Injection drug use is regarded with disapproval and fear, and a user's addiction is considered to be a moral failing. To successfully engage IDUs in prevention efforts and to advance public policy, these negative attitudes and misconceptions must be addressed. Addiction is now understood to be a treatable brain disease. This concept should be more widely known and accepted.

Tailor services and programs. IDUs are diverse populations with different languages, cultures, sexual preferences, life circumstances, behaviors, and requirements for services. Many, though not all, are poor and live high-risk lives on the margins of society. In planning and delivering interventions, programs and providers must take into account the factors that characterize IDUs - who they are, where they are, what they do, what motivates them, and with whom they socialize. Tailoring services and programs and involving IDUs in their planning, implementation, and monitoring will make them more effective.

THE STRATEGIES

Substance Abuse Treatment — Why include it?

- most drug users cannot stop using without it
- treatment prevents transmission because it helps users reduce drug- and sex-related risk behaviors
- it has major positive effects on a user's life
- treatment is cost effective
- providers can reach IDUs with other messages and interventions during treatment
- society benefits from reduced drug use and associated crime

DDES funds AODA treatment services.

DPH-funded agencies provide HIV testing on a rotating basis in selected AODA treatment facilities in Wisconsin.

Community Outreach — Why include it?

- it reaches IDUs who don't participate in conventional service systems
- it provides services in settings that are familiar to IDUs
- outreach interventions help create a culture of risk reduction in the community, which helps to reinforce prevention messages
- peers, who are often used in community outreach, are likely to be trusted by IDUs
- it's relatively low cost

Both DDES and DPH fund outreach; services complement, rather than duplicate one another.

DPH's outreach services are primarily for the following purposes: 1) to conduct or refer clients to HIV testing (16 agencies); 2) to provide clean injection equipment in exchange for used equipment (5 agencies); 3) to refer clients to prevention services that will help them reduce the risk of acquiring or transmitting HIV, specifically testing for hepatitis C and STDs and individual and group level prevention services and AODA treatment (the interventions previous listed plus 8 agencies that conduct outreach primarily to MSM).

DDES' outreach is primarily for referring clients into AODA treatment. In some cases staff funded through DPH and DDES ride in the same van but provide different services.

Access to Sterile Syringes — Why include it?

- the U.S. Public Health Service and other agencies and institutions recommend consistent, one-time only use of sterile syringes obtained from a reliable source as a central risk reduction strategy for IDUs who cannot or will not stop injecting
- the use of a sterile syringe every time helps ensure that IDUs who continue to inject will not acquire or transmit infection
- existing laws, regulations, and public and pharmacists' attitudes hamper IDUs' ability to obtain and safely dispose of syringes and therefore promote multi person use of syringes
- access to sterile syringes does not increase drug use or attract new people to drug use
- ensuring access to sterile syringes involves working with pharmacists; addressing existing syringe laws and regulations; and syringe exchange programs

DPH funds AIDS Service Organizations through GPR funds to conduct needle exchange in all five of the state's DHFS regions.

Services in the Criminal Justice System — Why include them?

- many IDUs are in jail or prison because of their drug use
- inmates have disproportionately high rates of HIV infection, STDs, and hepatitis
- high-risk sex and drug-use behavior occurs in jails and prisons
- interventions benefit inmates and the communities to which almost all will return

DPH and DDES both collaborate with a range of agencies to provide services in jails.

Through a CDC demonstration program, DPH is conducting rapid HIV testing in two short stay correctional facilities. In addition, staff from ASOs and Community Based Organization (CBOs) conduct HIV prevention groups in jail settings.

Strategies to Prevent Sexual Transmission — Why include them?

- IDUs are an important source of sexual transmission of HIV and hepatitis B
- high-risk drug use and sex behaviors are often linked

In all of the services provided to IDUs described above, DPH-funded agencies address the role of transmission of HIV and other infections through sexual activity as well as from needle-sharing. Providers recommend that MSM, IDUs and persons with STDs receive hepatitis B vaccine.

Counseling and Testing Services, Partner Counseling and Referral Services, and Prevention Case Management — Why include them?

- they allow IDUs to find out whether they are infected with HIV
- they allow infected IDUs access to counseling and medical care and other services
- they help infected IDUs inform sex and drug-use partners
- they help public health officials follow the chains of transmission and reach those at high risk
- they help uninfected but high-risk IDUs reduce their risk behaviors

CTR, PCRS, and PCM are the cornerstone of services funded by DPH, and accounts for 37% of funds allocated to local agencies. Grant-funded CTR is provided by 16 agencies; PCRS is provided by all county health departments and selected community agencies; and PCM is provided by 4 agencies.

Services for IDUs Living with HIV/AIDS — Why include them?

- they can help infected IDUs reduce high-risk drug and sex behaviors
- IDUs should have access to comprehensive and quality health care
- HIV disease management is complex and long-term, requiring close monitoring
- infected IDUs who receive substance abuse treatment and other health services are more likely to comply with medication regimens

DPH funds both prevention and care services for HIV-positive IDUs. Prevention services include PCRS and prevention case management and care services include psychosocial services and referral to medical care.

Primary Drug Prevention — Why include it?

- preventing first use of alcohol, marijuana, inhalants, and other drugs among youth can reduce the risk that they will go on to use injection drugs
- preventing injection drug use eliminates injection-related blood-borne virus transmission
- preventing alcohol and drug use and associated crime and injuries benefits society

The Department of Public Instruction has primary responsibility for this arena. DPH-funded HIV prevention programs for youth also address these objectives.

E. IV Drug Abuse Project and Other AODA Program Funding for Counties

	County	IV Drug Profile ID 585	AODA Block Grant Profile ID 570	Healthy Begin-nings Profile ID 502	Substance Abuse Treatment TANF Profile ID 535	Brighter Futures Profile ID 540	Urban Black Hispanic Treatment Profile ID 543	Women's AODA Treatment Profile ID 545	Urban Rural Women's AODA Treatment Profile ID 547	Treat-ment Alter-native Program Profile ID 576	AODA Juvenile Justice Profile ID 579	Services to Persons in Treat-ment Profile ID 582	AODA Treat-ment Center Profile ID 588	AODA Inner City Profile ID 589	Milwaukee Child welfare	Emergency Supple-mental Intoxicated Driver Program (IDP)	Drug Abuse Program Improve-ment Surcharge (DAPIS)	County Allocation Total
1	Brown	100,000	365,279														10,000	475,279
2	Dane	603,600	650,692	175,000				235,000	466,611	373,207	223,801	45,000		107,162		8,130	144,306	3,032,509
3	Eau Claire	30,000	189,338							241,830	99,104	11,000						571,272
4	Kenosha	155,000	326,821			205,938					151,510	35,000		107,162				981,431
5	LaCrosse	55,000	204,793									36,000						295,793
6	Milwaukee	920,000	2,431,021		5,000,000						453,554	68,800			1,583,000			10,456,375
7	Racine	145,000	500,171			291,641								107,162				1,043,974
8	Rock	185,000	343,850			227,088				322,563				107,162		14,170	10,000	1,209,833
9	Walworth	125,000	118,911			107,843												351,754
10	Waukesha	90,000	421,473				100,000					38,000					10,000	659,473
	Subtotal	2,408,600	5,552,349	175,000	5,000,000	832,510	100,000	235,000	466,611	937,600	927,969	233,800	0	428,648	1,583,000	22,300	174,306	19,077,693
	Adams		34,248															34,248
	Ashland		28,276													33,136		61,412
	Barron		79,713													19,051		98,764
	Bayfield		35,262															35,262
	Buffalo		23,204															23,204
	Burnett		28,760															28,760
	Calumet		46,328															46,328
	Chippewa		96,341															96,341
	Clark		55,026													6,682		61,708
	Columbia		77,128															77,128
	Crawford		32,086															32,086
	Dodge		111,966															111,966
	Door		46,219													58,411		104,630
	Douglas		110,750			64,067			96,018									270,835
	Dunn		69,453								38,261							107,714
	Florence		8,512															8,512
	Fond du Lac		153,543						108,395		29,349							291,287
	Forest					50,000												50,000
	Forest/Oneida/Vilas		135,306						401,574		140,448		50,000					727,328
	Grant																	0
	Grant/Iowa		107,759															107,759
	Green		45,365													51,983		97,348
	Green Lake		32,340															32,340
	Iowa																	0
	Iron		7,985			50,000												57,985
	Jackson		39,385															39,385
	Jefferson		109,299															109,299
	Juneau		42,890													24,495		67,385
	Kewaunee		26,797													70,456		97,253
	LaFayette		22,055															22,055
	Langlade																	0
	Lincoln/Langlade/Marathon		297,162													97,949		395,111
	Lincoln																	0
	Manitowoc		140,547															140,547
	Marathon																	0
	Marinette		75,173													68,858		144,031
	Marquette		23,939														165,830	189,769
	Menominee		41,427													3,933		45,360
	Monroe		71,115													17,892		89,007
	Oconto		48,966															48,966
	Oneida															161,098		161,098
	Outagamie		236,002								75,257							311,259
	Ozaukee		85,354															85,354
	Pepin		11,569															11,569
	Pierce		51,163													89,373		140,536
	Polk		68,628													66,185		134,813
	Portage		111,625								128,716					40,750	10,000	291,091
	Price		19,379													24,971		44,350
	Richland		32,819															32,819
	Rusk		30,407															30,407
	Sauk		82,089															82,089
	Sawyer		50,065															50,065
	Shawano		73,720															73,720
	Sheboygan		178,215															178,215
	St. Croix		70,176															70,176
	Taylor		31,092															31,092
	Trempealeau		43,091															43,091
	Vernon		44,268															44,268
	Vilas																	0
	Washburn		27,842													18,371		46,213
	Washington		131,927						216,790							21,339		370,056
	Waupaca		80,798															80,798
	Waushara		37,207													67,258		104,465
	Winnebago		253,027			202,723						16,200						471,950
	Wood		128,563													35,509	84,000	248,072
	Total Allocation	2,408,600	9,735,700	175,000	5,000,000	1,199,300	100,000	235,000	1,289,388	937,600	1,340,000	250,000	50,000	428,648	1,583,000	1,000,000	434,136	26,166,372